

Case Number:	CM13-0047407		
Date Assigned:	12/27/2013	Date of Injury:	03/07/2005
Decision Date:	03/10/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient reported an injury on 03/07/2005. The mechanism of injury was not submitted. The patient was diagnosed with right knee sprain/strain, prepatellar bursitis, right knee chondromalacia, patellofemoral syndrome, right knee, and status post right knee arthroscopy on 03/23/2009. The patient reported the right knee pain is worsening, with constant dull, achy pain, sharp in nature. The patient reported the Norco is helping, but only temporarily. The patient is not attending any therapy at this time. Examination of the right knee revealed flexion at 120 degrees and extension 0 degrees. The treatment plan included requesting the patient see a knee specialist, a weight loss program, continuation of oral medications, topical analgesics, and a followup office visit.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid on-going management Page(s): 78.

Decision rationale: CA MTUS states 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. The guidelines state the monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for documentation of a clinical use of these controlled drugs. The patient complained of worsening pain to the knee. However, the clinical documentation submitted for review does not show evidence of an improvement in function or a discussion of any side effects. Also, no pain assessment was submitted for review. Given the lack of documentation to support guideline criteria, the request is non-certified.