MAXIMUS Federal Services

Case Number:	CM13-0065777		
Date Assigned:	01/03/2014	Date of Injury:	07/25/2012
Decision Date:	04/01/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/13/2013

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 California. 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 is a 53 year old female who was injured on 07/25/2012 while she was walking in the park. Her legs locked and she tripped and fell onto her right knee. Treatment history included medications, Supartz/cortisone injections with no significant relief. The patient underwent an arthroscopy, right knee on 01/19/2013 with partial meniscectomy and chondroplasty. The patient received physical therapy. X-ray, of right knee revealed medial compartment DJD, severe and patellofemoral spurring, right knee. MRI of the right knee performed on 10/15/2012 revealed medial compartment osteoarthritis; posterior horn medical meniscal tear; findings too faint to be likely to represent a clinically significant meniscal tear in the posterior horn of the lateral meniscus. A clinic note dated 10/28/2013 documented the patient to have complaints of right knee pain rated as an 8-10/10 on a pain scale. Babinski test was normal with normal deep tendon reflexes, sensory intact. Upon right knee inspection, there was no erythema, ecchymoses or effusion; positive medial and patellofemoral joint line tenderness; range of motion flexion to 92 degrees. A clinic note dated 11/25/2013 documented the patient to have complaints of frequent moderate right knee pain rated as a 7-10/10 on a pain scale. The patient used Celebrex and Norco for pain management and stated that Celebrex helped a lot. Objective findings on exam included the patient had a positive history of joint pain. The patient had a history of anxiety and history of depression. Babinski test was normal. Normal deep tendon reflexes, sensory intact. Upon right knee inspection, there was no erythema, ecchymoses or effusion. The patient had positive medial and patellofemoral joint line tenderness. Her range of motion flexion was to 90 degrees; Motor exam intact 5/5 bilateral lower extremities; sensation to light touch bilateral lower extremities; circulation intact bilateral lower extremities. There was antalgic gait because of right knee pain. Motor exam was intact 5/5 bilateral lower extremities; sensation to light touch bilateral lower extremities; circulation intact bilateral lower extremities; antalgic gait because of right knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

A refill of Norco #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 75-82.

Decision rationale: As per CA MTUS guidelines, Norco is a short-acting opioids also known as normal-release or immediate-release opioids are seen as effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. Further guidelines indicate that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. This patient has been prescribed Celebrex (NSAIDs) and a note dated 11/25/2013 indicates that patient complained of frequent moderate right knee pain and stated Celebrex helps a lot. Thus, the medical necessity has not been established, and the request is non-certified.