MAXIMUS Federal Services

Case Number:	CM14-0012194		
Date Assigned:	02/21/2014	Date of Injury:	04/20/2009
Decision Date:	08/01/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in New Jersey. 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 expert 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 worker is a 60 year old male who was injured on 4/20/09. He was later diagnosed with a tear of medical cartilage/meniscus of the right knee, congenital deformity of the knee, and chondromalacia of the patella. He was treated with physical therapy, oral analgesics, acupuncture, and arthroscopic surgery of the right knee as of November 2011. An MRI right knee was done on 3/22/13 revealing a new medial meniscus tear. He was seen on 11/22/13 by his primary treating physician complaining of difficulty squatting, bending, and kneeling with the right knee as well as difficulty with walking or standing for prolonged periods of time. He reported using Vicodin, Norco, and Naprosyn to treat his right knee pain, which was rated at 4-8/10 on the pain scale. Physical examination was remarkable for tenderness over medial joint line, crepitus, and motion over the medial joint line and patella-femoral joints on right knee/leg. It was also was notable that the posterior and anterior drawer tests were negative, and the right knee was also stable to varus and valgus stress. There was no effusion, signs of atrophy or infection, and muscle strength was normal. X-rays of the right knee that day revealed moderate degenerative joint disease with a superolateral accessory patella/ossicle, but otherwise unremarkable. He was recommended to get another MRI of his right knee to evaluate ongoing mechanical symptoms, including assessment of bony pathology, a series of blood tests (CBC, med panel) to evaluate for kidney and liver function as well as to measure for the blood count. A refill for the worker's Norco was placed as well as a referral to a pain specialist.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Although the worker in this case was recommended he take Norco for his recent flare-up of pain, he had reported taking it prior to this request, yet no evidence of quantifyable functional and pain relief benefits from this particular medication were to be found in the documents available for review in order to help justify its continuation. Also, the worker reported using Vicodin as well. It is unclear how the worker used both Vicodin and Norco to know what dose of acetaminophen he was taking and concurrent use of the same basic medications doesn't seem warranted, if the worker was actually taking both daily. Without documentation to suggest he would benefit significantly from this medication, and without harm, the Norco is not medically necessary.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The MTUS/ACOEM guidelines state that for special testing such as MRI are not needed to evaluate most knee complaints until after a period of conservative care and observation. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and the inability to flex the knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with making a diagnosis. In the case of this worker, he had a relatively recent MRI of his right knee, and there is no evidence of which conservative methods were being used afterwards. Looking at bony changes with MRI doesn't seem necessary in this case based on the documentation available for review. Therefore, the right knee MRI is not medically necessary.

Medical panel/blood draw (evaluate kidney, liver, and CBC function): 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 Page(s): 11-12.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states that for patients using acetaminophen, caution should be used, as it is potentially hepatotoxic and may also lead to renal insufficiency, depending on the dose used. Elevations in liver enzymes and kidney fucntion tests may occur with upper recommended doses. In the case of this worker, there is no explanation from the prescribing physician as to why the blood testing was necessary, particularly the complete blood count. If it was to evaluate for effects from acetaminophen, then this should have been stated. Avoiding increasing the dose of acetaminophen may have been an alternative choice if this was the reasoning for testing. Without documented justification for these tests, they are not medically necessary.