

Case Number:	CM14-0012303		
Date Assigned:	02/21/2014	Date of Injury:	05/01/2010
Decision Date:	08/12/2014	UR Denial Date:	12/30/2013
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 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 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:

Patient is a 51-year-old male who has submitted a claim for left knee osteoarthritis, complex regional pain syndrome, and severe atrophy of left leg associated with an industrial injury date of May 1, 2010. Medical records from 2011 to 2014 were reviewed. Patient complained of left knee pain associated with popping, locking, grinding, and buckling. Physical examination of the left knee revealed muscle atrophy, lateral patellar tilt with a tight lateral retinaculum, tenderness, and slight effusion. Range of motion was full. X-ray of the left knee, dated 8/7/2013, demonstrated normal tibial femoral articulation with minimal medial joint narrowing. There was evidence of ACL reconstruction. The overall alignment was normal. Well tracking patella was noted. MRI of the left knee, undated, showed medial meniscus or posterior tear. Treatment to date has included left knee arthroscopy with medial meniscectomy, lateral meniscectomy, synovectomy and manipulation on 7/16/2010; second left knee arthroscopic surgery on 12/2/2010; third left knee arthroscopic partial medial meniscectomy and arthroscopic partial lateral meniscectomy on 3/22/2011; fourth left knee arthroscopic partial medial meniscectomy and arthroscopic partial lateral meniscectomy on 9/22/2011; fifth left knee arthroscopic partial medial meniscectomy, arthroscopic partial lateral meniscectomy, and arthroscopically assisted anterior cruciate ligament reconstruction with Bone Tendon Bone (BTB) allograft on 6/14/2012; left knee cortisone injection, physical therapy, home exercise program, knee immobilizer, and medications such as naproxen, Protonix, Flexeril, Percocet, Norco, and gabapentin. Utilization review from December 3, 2013 denied the request for Norco because there was no documentation concerning length of use and functional response from Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION - NORCO (DOSAGE AND # OF PILLS NOT SPECIFIED): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26, OPIOIDS Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opioid since 2010. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Moreover, progress report from February 4, 2014 cited that hydrocodone was discontinued because of no reported benefits from its use. Therefore, the request for Medication - Norco (Dosage And # Of Pills Not Specified) is not medically necessary.