

<b>Case Number:</b>	CM14-0110994		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/16/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 Internal Medicine, has a subspecialty in Nephrology, 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:

This is a 58-year-old female with a 5/16/11 date of injury. A specific mechanism of injury was not described. According to an undated progress report, the patient is status post right knee arthroscopy on 5/27/14. She was seen for her initial post-operative examination. On a scale from 1-10, she stated her pain level was a 7. She stated that she had pain at the incision site that was warm to the touch but denied any calf pain. Objective findings: medial tenderness, swelling with stiffness to the knee, as well as a limping ambulation and limited range of motion. Diagnostic impression: meniscal tear, pain in joint-lower leg. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 6/18/14 certified the request for Norco and denied the request for Demerol. Regarding Norco, this requested medication is indicated as medically necessary to address the perioperative pain for knee arthroscopy on 5/27/14. Regarding Demerol, the claimant was given Norco postoperatively for pain relief. As such, the requested medication is not indicated as medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RX 6/4/14 Demerol 50mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Meperidine, Demerol Page(s): 61.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines General Approaches Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** CA MTUS states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time, such as in a postoperative setting. However, in the present case, the patient is status post right knee arthroscopy on 5/27/14. The UR decision dated 6/18/14 certified a request for Norco for postoperative pain. There is no documentation that the patient has complaints of severe pain that require multiple opioid medications. Therefore, the request for RX 6/4/14 Demerol 50mg #30 was not medically necessary.

**RX 6/4/14 Norco 10/325mg #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines General Approaches Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Opiates

**Decision rationale:** CA MTUS states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time, such as in a postoperative setting. However, in the present case, the patient is status post right knee arthroscopy on 5/27/14. The UR decision dated 6/18/14 certified a request for Norco for postoperative pain. It is unclear why a duplicate request for Norco is being made at the present time. Therefore, the request for RX 6/4/14 Norco 10/325mg #40 was not medically necessary.