

Case Number:	CM14-0131465		
Date Assigned:	09/08/2014	Date of Injury:	04/22/2013
Decision Date:	10/03/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/18/2014

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 Orthopedic Surgery 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:

The claimant is a 45-year-old gentleman who injured his left knee while walking on a slope on 04/22/13. The medical records provided for review document that following a course of conservative care, the claimant underwent left knee arthroscopy, partial medial meniscectomy, and lateral meniscectomy on 07/24/13. Postoperative treatment has included formal physical therapy and medications including short acting narcotic analgesics. Physical examination on 06/23/14 noted continued complaints of pain in the knee with zero to 120 degrees range of motion, 5/5 strength, and slight tenderness over the medial and lateral joint lines. The medical records did not contain any postoperative imaging reports. This review is for the continued use of Anexsia for narcotic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anexsia 7.5/325mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use Page(s): 76-80.

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment Guidelines, the request for continued use of Anexsia (Hydrocodone) cannot be recommended as medically necessary. The medical records document that the claimant is being treated with continued symptoms post knee arthroscopy and meniscectomy and there is no documentation of postoperative imaging or clinical findings to identify internal knee pathology to warrant continued use of short acting narcotic analgesics over one year post surgery. There is also no documentation that the claimant has benefitted with Anexsia by improvement of symptoms, increased work function, or improved level of activity. Based on the claimant's clinical presentation and lack of documentation of functional improvement with Anexsia, the continued use of this short acting narcotic analgesic cannot be supported.