

<b>Case Number:</b>	CM14-0160877		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Occupational Medicine 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:

There were 45 pages provided for this review. There was a utilization review from September 16, 2014. The patient is described as a 31 years old and was seen for an agreed medical evaluation. On August 22, 2014, the patient was feeling a lot of pain in the left knee. The patient was taken to the emergency room. There was a previous history of left knee patella fracture with complaints of left knee pain which was throbbing with occasional swelling. There was a sensation of catching. There was no clicking, popping, or locking noted. The patient was status post a left knee surgery that was done on August 22, 2014. Postoperatively, the patient had difficulty obtaining pain medicines. After the surgery, the patient reportedly collapsed at home due to pain. The patient was brought to the emergency room and was evaluated. There were some studies of the head and x-rays. The patient was given a morphine shot for the pain. The patient was hyperventilating. The left knee showed clean wounds and healing with no evidence of infection. The range of motion was markedly limited secondary to pain and stiffness. The patient was diagnosed with left knee pain, patella fracture and secondary chondromalacia. There is a pending request for a left knee arthroscopy amniotic injection into the space between the laminated articular cartilage in the bone of the patella, autologous chondrocyte implantation biopsy with medical clearance and preoperative laboratories. This is a review of the medical necessity of the Norco. The patient worked as a waitress. While doing hostess work, she tripped and fell directly onto the left knee on to a concrete floor. She had her left knee arthroscopy on August 22, 2014. She had a very stiff and overgrown synovium which was the balled. An MRI also showed mild chondromalacia patella.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 #25:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

**Decision rationale:** In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.