

Case Number:	CM14-0165264		
Date Assigned:	10/10/2014	Date of Injury:	07/16/2013
Decision Date:	11/10/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/07/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 30 year old employee with date of injury of 7/16/2013. Medical records indicate the patient is undergoing treatment for status post (s/p) diagnostic and operative arthroscopy, right knee; partial lateral meniscectomy; synovectomy; chondroplasty. Records note removal of chondral loose bodies, right knee. Subjective complaints include intermittent right knee pain, rated 7/10 Pain will increase with standing and movement. Norco and physical therapy (PT) help to reduce the pain. The patient's left knee pain has been occurring over the last two months due to compensating for the other knee. The pain is rated 5-6/10 and is intermittent. The knee will sometimes give way. Objective findings include an antalgic gait, negative Lachman, negative anterior and posterior drawer, negative pivot shift test and no medial or lateral collateral laxity. Treatment has consisted of PT, Motrin, Norco and acupuncture. The utilization review determination was rendered on 9/10/2014 recommending non-certification of 1 prescription of Norco 10/325mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. In fact, the patient continues to report 7/10 knee pain. The utilization review on 9/29/14 recommended modification to begin weaning of Norco. As such, the request for Norco 325/10mg # 60with 1 refill is not medically necessary.