

Case Number:	CM14-0166223		
Date Assigned:	10/13/2014	Date of Injury:	01/14/2013
Decision Date:	11/17/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/08/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back pain, low back pain, and knee pain reportedly associated with an industrial injury of January 14, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; and extensive periods of time off of work. In a Utilization Review Report dated September 24, 2014, the claims administrator partially approved a request for Norco and denied a request for knee MRI imaging. The applicant's attorney subsequently appealed. In a September 5, 2014 progress note, the applicant reported persistent complaints of low back and knee pain. The applicant was apparently using a cane to ambulate. The applicant stated that his knee was still giving way, buckling, and locking. Ongoing complaints of stress and anxiety were noted. 4/5 knee strength was noted with significant limited range of motion now to 65 degrees. MRI imaging of the knee was endorsed to search for issues with internal derangement of the same. The requesting provider was an orthopedist. The applicant was described as using Norco, Fexmid, and tramadol. It was stated that the applicant was pending lumbar spine surgery. The applicant was not working, it was acknowledged. The applicant was placed off of work, on total temporary disability, for an additional six weeks. The attending provider stated that the applicant's pain levels with medications were 9-10/10 versus 10/10 without medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is off of work, on total temporary disability. The applicant's pain complaints are still described as severe, 9-10/10, despite ongoing usage of Norco. The applicant was still having difficulty performing activities of daily living as basic as standing and walking, despite ongoing Norco usage. The applicant was still using a cane and a knee brace to move about. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

MRI of the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-2, page 335, MRI imaging is recommended to help establish the diagnosis of meniscal tear, as appears to be present here. The applicant's symptoms of knee popping, locking, clicking, and giving way do suggest meniscal pathology for which MRI imaging is indicated to delineate, per ACOEM. While ACOEM qualifies this recommendation by noting that such testing is typically recommended only if surgery is being contemplated, in this case, the requesting provider was an orthopedic surgeon, implying that the applicant would likely act on the results of the proposed MRI and/or consider a surgical remedy were it offered. Therefore, the request is medically necessary.