

Case Number:	CM14-0166939		
Date Assigned:	10/14/2014	Date of Injury:	11/16/2011
Decision Date:	11/17/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/09/2014

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 Physical Medicine and Rehabilitation 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 59 year-old patient sustained an injury on 11/16/11 while employed by [REDACTED]. Request(s) under consideration include Norco 7.6/325mg #60 and Surgical consultation in consideration of right knee arthroscopy. Diagnoses include Knee and Leg sprain. The patient continues to treat for chronic low back and bilateral knee pain. Conservative care has included medications, therapy, Synvisc injections series to left knee, and modified activities/rest. Report of 9/22/14 from the provider noted the patient with chronic ongoing low back pain radiating to bilateral legs and worsening right knee pain. Exam showed mild weakness at right knee with medial aspect tenderness; muscle guarding at lumbar spine with absent left Achilles reflex. Opioid, Norco was noted to decrease pain from 8/10 without to 4/10 with medication. Imaging studies on 9/13/13 of right knee indicated cleavage tear of medial meniscal posterior horn with mild tricompartmental osteoarthritis. The request(s) for Norco 7.6/325mg #60 and Surgical consultation in consideration of right knee arthroscopy were non-certified on 9/27/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.6/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids.

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Norco 7.6/325mg, #60 is not medically necessary and appropriate.

Surgical consultation in consideration of right knee arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 329-330.

Decision rationale: The submitted reports have not demonstrated any indication for surgical consult when the patient has unremarkable clinical findings without positive provocative testing or red-flag conditions. There is no clear necessity when the patient is under the care of an orthopedist provider, not requiring another orthopedic consultation. Examination has no specific neurological deficits to render surgical treatment nor is evidence for failed conservative treatment such as poor medication management, unsuccessful injections, or non-progressive physical therapy trial. The Surgical consultation in consideration of right knee arthroscopy is not medically necessary and appropriate.