

<b>Case Number:</b>	CM14-0171355		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/20/2004
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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:

According to the records made available for review, this is a 60-year-old female with a 5/20/04 date of injury. At the time (9/23/14) of request for authorization for Associated surgical service: Norco 7.5/325 mg, QTY: 50, there is documentation of subjective (right knee medial joint line pain radiating to the sub-patellar region with mild swelling) and objective (right knee medial and lateral joint line tenderness, positive McMurray's test of the right knee, and mild patellar instability with patellofemoral crepitation) findings, imaging findings (Reported MRI of the right knee (9/12/13) revealed complex tear of the medial meniscus with extrusion of the meniscus and resultant grade III to IV chondromalacia of the medial compartment; areas of full-thickness cartilage fissuring with subchondral marrow signal abnormality; high signal intensity noted in the anterior cruciate ligament, consistent with low-grade sprain; low grade partial thickness tear of the tendon of the medial head of the gastrocnemius; and full-thickness cartilage loss of the apex of the patella; report not available for review), current diagnoses (right knee medial compartment osteoarthritis and meniscal tear with history of patellar dislocation/subluxation), and treatment to date (knee brace, activity modification, and NSAIDs). Medical report identifies a request for right knee arthroscopic meniscectomy and debridement, and Norco for postoperative use. There is no documentation of a pending surgery that is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Norco 7.5/325 mg, QTY: 50: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications: Short-Acting/Long-Acting Opioids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of acute severe pain, as criteria necessary to support the medical necessity of opioid therapy for a short period of time. Within the medical information available for review, there is documentation of a diagnosis of right knee medial compartment osteoarthritis and meniscal tear with history of patellar dislocation/subluxation. In addition, there is documentation of a request for right knee arthroscopic meniscectomy and debridement, and Norco for postoperative use. However, there is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: Norco 7.5/325 mg, QTY: 50 is not medically necessary.