

Case Number:	CM14-0186037		
Date Assigned:	11/14/2014	Date of Injury:	12/12/2012
Decision Date:	12/22/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/07/2014

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 Internal 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 patient is an injured worker with bilateral knee pain. Date of injury was 12-12-2012. The progress note dated October 1, 2014 documented subjective complaints of bilateral knee pain. The patient received her knee brace. Acupuncture was helping decrease the pain level. The pain level continues to be 8/10 in the right knee and 6/10 in the left knee. The patient complained of bilateral knee swelling and achy feeling. Medication include Hydrocodone 10 mg daily. Blood pressure was 126/84. Physical examination was documented. Effusion right and left knees was noted. Range of motion of bilateral knees was 120 degrees. Tender right medial joint line was noted. McMurray's sign was negative. Joint was stable without subluxation. Strength was 5/5. Lachman's test was negative. Gait was within normal limits. Neurological examination was normal. MRI magnetic resonance imaging of the left knee demonstrated chondromalacia of the lateral patellar facet. MRI magnetic resonance imaging of the right knee noted mild prepatellar bursitis with reactive edema. Diagnosis was chondromalacia patella. The treatment plan included Norco 10/325 mg daily quantity #25 with 3 refills and Norco 2.5/325 mg BID quantity #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 25, three refills, related to bilateral knee symptoms: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 346-347, 47-48,,Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for knee conditions. Medical records document the long-term use of opioids. ACOEM guidelines do not support the long-term use of opioids. The 10/1/14 treatment plan was to prescribe both Norco 10/325 mg daily with quantity #25 and 3 refills and Norco 2.5/325 mg BID with quantity #30 and 3 refills. Per MTUS, frequent and regular review and re-evaluation are recommended for opioid use. The request for Norco 10/325 mg quantity #25 with 3 refills is not supported by MTUS and ACOEM guidelines. Therefore, the request for Norco 10/325 mg # 25, three refills, related to bilateral knee Gastrointestinal (GI) Symptoms and Cardiovascular Risk is not medically necessary.