

Case Number:	CM14-0020707		
Date Assigned:	04/30/2014	Date of Injury:	10/18/2012
Decision Date:	07/11/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/19/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 a 53 year old female who sustained injuries to her knee, back, shoulder and wrist from 10/18/11 to 10/18/12 and has undergone a right knee arthroscopic surgical intervention on 11/7/13. She previously underwent a left knee ACL repair on 6/5/12. At the time of the request, the patient was 3 months post op from her arthroscopic knee surgery. Her pain management regimen was Vicodin 5/500, Naprosyn 550mg. Following her right knee arthroscopy, the patient has suffered numerous falls secondary to left knee instability with possible ligamentous disruption with a positive anterior drawer and Lachman's provocative tests. Aside from her knee pain, she has pain in her cervical, lumbar, left shoulder and left wrist. MRI's of the cervical and lumbar regions clearly delineates multi-level degenerative disc disease. On the PR-2 Feb 3, 2014, the documenting provider documents a change from Vicodin to Norco because of pain in the cervical and lumbo-sacral regions.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Pain Interventions And Treatments Sections Page(s): 75 and 91.

Decision rationale: There is no documentation of the patient's previous pain regimen of Vicodin and Naprosyn not providing pain relief or inability to perform activities of daily living because of the current pain management. On previous progress reports there is an absence of documentation regarding functionality with her pain management regimen. As there is no documentation to support a change in pain medications, I find the request has no merit and is not medically necessary.