MAXIMUS Federal Services

Case Number:	CM14-0023805		
Date Assigned:	06/30/2014	Date of Injury:	04/01/2013
Decision Date:	08/05/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/25/2014

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:

This 68-year-old male stock clerk sustained an industrial injury on 4/1/13. Injury was sustained when he slipped on his way to the trash compactor, and fell on his left knee. Past medical history was positive for left knee surgery in 1978. The 7/17/13 left knee x-ray documented moderate degenerative joint disease. The 9/16/13 left knee MRI impression documented a small medial meniscus tear, moderate to advanced tri-compartment cartilage loss, and small ganglion cyst of the anterior cruciate ligament. The 1/14/14 DWC form requested left knee arthroscopy medial meniscectomy, sixty post-operative Tylenol with codeine #3, 12 physical therapy visits, and cold therapy unit for 7 days. The 1/27/14 treating physician report cited on-going right knee pain with weight bearing activities and buckling in the knee. Physical exam documented medial and lateral joint line tenderness, crepitus with range of motion, and positive McMurray's. The treatment plan recommended left knee arthroscopy, followed by a right knee arthroscopy. The 2/13/14 utilization review denied the 2/3/14 request for post-operative Norco 5/325 mg #60. In the same review, Ultram 50 mg #120 was certified. It was noted that sixty Tylenol #3 had been approved at the same time as the surgery was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5MG/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG, dir.ca.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Opioids, specific drug list Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Short-acting opioids, also known as normal-release or immediate-release opioids, are seen as an effective method in controlling both acute and chronic pain. Guideline criteria have not been met for the post-operative use of Norco. This patient was scheduled for left knee arthroscopic medial meniscectomy. Narcotic pain medications were certified in utilization review to include Ultram 50 mg #120 and sixty post-operative Tylenol #3. There is no compelling reason submitted to support the medical necessity of sixty Norco 5/325 mg for post-operative use, in addition to pain medications already certified. Therefore, this request for Norco 5/325 mg #60 is not medically necessary.