

Case Number:	CM14-0023836		
Date Assigned:	06/11/2014	Date of Injury:	09/24/2007
Decision Date:	07/15/2014	UR Denial Date:	02/10/2014
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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 36 year old male who sustained an injury on 09/24/07. No specific mechanism of injury was noted. The injured worker was followed for complaints of persistent left knee pain. There was concern regarding possible development of Complex Regional Pain Syndrome (CRPS) following lateral compartment arthroplasty for the left knee in February of 2011. Following the surgery the injured worker was followed for persistent left knee pain to the lateral thigh to the lateral side. Physical examinations in September of 2013 noted 3cm atrophy of the left thigh relative to the right. Recommendations were for updated laboratory studies to rule out infectious process in the left knee and bone scans to rule out any loosening of the components in the left knee. Orthopedic evaluation on 11/15/13 noted very mild weakness on extension of the left knee with flexion to 130 degrees in full strength. No instability was identified. The injured worker had persistent three centimeter atrophy at the left thigh versus the right. The injured worker was prescribed a topical ointment to improve localized pain and reduce the amount of Norco the injured worker was utilizing. No specifics regarding Norco use were discussed. The injured worker was taking Ambien for insomnia. The most recent evaluation on 01/30/14 noted no change in physical examination findings. Laboratory work up was again recommended for infection. Norco was continued at this visit. The requested Norco 10/325mg #120 was denied by utilization review on 02/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The injured worker is a 36 year old male who sustained an injury on 09/24/07. No specific mechanism of injury was noted. The injured worker was followed for complaints of persistent left knee pain. There was concern regarding possible development of Complex Regional Pain Syndrome (CRPS) following lateral compartment arthroplasty for the left knee in February of 2011. Following the surgery the injured worker was followed for persistent left knee pain to the lateral thigh to the lateral side. Physical examinations in September of 2013 noted 3cm atrophy of the left thigh relative to the right. Recommendations were for updated laboratory studies to rule out infectious process in the left knee and bone scans to rule out any loosening of the components in the left knee. Orthopedic evaluation on 11/15/13 noted very mild weakness on extension of the left knee with flexion to 130 degrees in full strength. No instability was identified. The injured worker had persistent three centimeter atrophy at the left thigh versus the right. The injured worker was prescribed a topical ointment to improve localized pain and reduce the amount of Norco the injured worker was utilizing. No specifics regarding Norco use were discussed. The injured worker was taking Ambien for insomnia. The most recent evaluation on 01/30/14 noted no change in physical examination findings. Laboratory work up was again recommended for infection. Norco was continued at this visit. The requested Norco 10/325mg #120 was denied by utilization review on 02/10/14.