

Case Number:	CM14-0028567		
Date Assigned:	06/16/2014	Date of Injury:	04/14/2004
Decision Date:	07/25/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/06/2014

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 65-year-old female registered nurse sustained an industrial injury on 4/14/04. Injury occurred stepping up into a blood mobile. The 8/18/10 left knee MRI revealed an oblique tear in the posterior horn of the medial meniscus. The 8/27/13 left knee x-rays documented narrowing of medial compartment, no fracture or dislocation, and mild patellofemoral chondromalacia. Records indicated that the patient has been taking Norco since September 2013 with persistent moderate to severe pain and no documentation of functional change. The 1/30/14 treating physician report cited constant grade 8-9/10 bilateral knee pain, left greater than right, with left knee buckling and giving way. Pain was reported worsening. Bilateral knee exam documented moderate medial peripatellar tenderness. Reverse pivot shift, pivot shift, drawer tests, Lachman's, varus/valgus, Apley's grinding, McMurray's, and Thomas tests were positive bilaterally. She was unable to squat rise, toe walk, duck walk or heel walk bilaterally. Left knee range of motion documented flexion 90, extension 0, internal rotation 20, and external rotation 5 degrees. Right knee range of motion documented flexion 120, extension 0, internal rotation 15, and external rotation 5 degrees. The diagnosis was chondromalacia patella of the right knee and meniscus tear of the left knee. The treatment plan recommended an MR arthrogram of the left knee with suspicion of significant meniscus tear. Norco 10/325 #120 with 4 refills was prescribed. Follow-up was documented on 2/27/14. The 2/21/14 utilization review denied the request for left knee MR arthrogram given the failure to meet guideline indications for arthrography. The request for Norco was modified to one prescription of Norco 10/325 mg #75 with no refills, noting prior recommendations for weaning and absence of functional improvement with use.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MR arthrography of the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Magnetic resonance imaging (MRIs).

Decision rationale: The California MTUS do not provide imaging recommendations for chronic complaints. The Official Disability Guidelines recommend MR arthrography as a post-operative option to help diagnose a suspected residual or recurrent tear, following meniscal repair or meniscal resection of more than 25%. Guideline criteria have not been met as the patient has not undergone left knee surgery. Therefore, this request for one MR arthrography of the left knee is not medically necessary.

One prescription of Norco 10/325mg #120 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met. There is no documentation of functional improvement with the use of Norco since September 2013. There is no indication of specific pain reduction with the use of this medication. The medical necessity of one prescription of Norco with 4 refills is not apparent given monthly follow-up visits. The 2/21/4 utilization review recommended weaning. The request for Norco was modified to Norco 10/325 mg #75 with no refills. Therefore, this request for one prescription of Norco 10/325mg #120 with 4 refills is not medically necessary.