

Case Number:	CM14-0050258		
Date Assigned:	06/25/2014	Date of Injury:	07/09/2002
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/25/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 73-year-old female who reported an injury on July 09, 2002. The injured has ongoing knee pain. The prior treatment included left knee arthroscopy for medial meniscectomy, physical therapy, home exercise regimen and medications to include Lortab, ibuprofen, Wellbutrin, Flexeril and Naprosyn. The claimant was seen on 12/10/13 for continued left knee pain and unable to kneel or squat on her knee. Pain is rated at 8/10. The claimant reported 50% functional improvement with use of pain medications versus not taking at all. The claimant was utilizing four Lortab and occasional Flexeril for leg cramps. She was also on Wellbutrin XL 150 mg daily for reactive depression. The claimant was on Social Security Disability and was not working. The history was remarkable for Achilles tendon rupture and repair and traumatic arthritis in the left ankle due to previous ankle injuries. Examination of the left knee showed obvious swelling. The left knee range of motion was active flexion 110 degrees and extension 0 degrees. There was crepitus on passive range in flexion to extension. Patellar compression was painful. The right lower extremity revealed small palpable lump at the Achilles insertion site with a well-healed incision. Passive range of motion of the ankle was painful in all planes. Deep tendon reflexes remained +1 at the knees and ankles. There was some tenderness to palpation over the plantar fascia of the bottom of the right foot. The diagnoses were history of left knee arthroscopy for medial meniscectomy with chronic knee pain and degenerative joint disease (DJD), contralateral right knee pain with DJD nonindustrial, history of Achilles tendinosis right ankle with abnormal MRI, history of plantar fasciitis, history nonindustrial left Achilles tendon repair secondary to rupture nonindustrial, history of fracture right ankle with open reduction internal fixation (ORIF) procedure nonindustrial and history myocardial infarction, diabetes, restless legs syndrome and chronic obstructive pulmonary disease (COPD), all nonindustrial. The claimant was recommended resuming medication course.

The claimant was under a narcotic contract and the urine drug screen had been appropriate. On 02/27/14, the request for authorization for Norco 10/325 mg #120 was modified to #90 as the guidelines state the use of opioids is not recommended for more than two weeks for knee and ankle pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346, 376.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 376.

Decision rationale: According to the CA MTUS Guidelines, Hydrocodone is a short acting opioid that is recommended for intermittent or breakthrough pain. The guidelines state the following for continuation of management with Opioids; "(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the Opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The claimant reported 50% functional improvement with use of pain medications versus not taking at all. The medications include Lortab, ibuprofen, Wellbutrin, Flexeril and Naprosyn. However, it is not clear as to what medication provides pain relief and the functional improvement of that medication. Therefore, the request is not medically necessary according to the guidelines.