

Case Number:	CM14-0050658		
Date Assigned:	06/23/2014	Date of Injury:	12/01/2012
Decision Date:	08/21/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/20/2014

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 Anesthesiology, has a subspecialty in Pain 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 45 year old male who is reported to have sustained injuries to his right knee on 12/01/12. On this date, the injured worker was involved in a motor vehicle collision in which his right knee struck the dashboard. Post-injury, he had the development of right knee pain. On 01/17/13, magnetic resonance image (MRI) of the right knee was performed which indicated mild chondromalacia patella with no evidence of internal derangement. The injured worker initially received chiropractic treatment and ointments which were later followed by physical therapy. He is later reported to have developed low back pain with radiation into the right lower extremity. MRI of the lumbar spine dated 05/13/13 is entirely normal with the exception of a 2-3mm central disc bulge at L5-S1. The injured worker was referred for an electromyogram/nerve conduction velocity study on 07/17/13. This is reported to have shown a left greater than right radiculopathy at L4, L5, and S1. The physical examination was remarkable for left extensor hallucis longus weakness. Records indicate that the injured worker had been maintained on the oral medication Norco 5mg and subsequent records indicate that the use of this has escalated to 10/325mg. The most recent clinical note dated 05/19/14 notes that the injured worker has complaints of low back pain graded as 9/10 and constant right knee pain graded as 7/10. Without medications, pain levels are reported to be 10/10. On physical examination, lumbar range of motion is reduced. There is tenderness with spasms. Right knee range of motion is 0 degrees extension to 110 degrees flexion. There is positive patellar grinding and tenderness over the medial joint line on the right. The record contains a utilization review determination dated 03/13/14 in which a request for Norco 10/325mg #105 and an MRI without contrast of the right knee were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #105: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Norco 10/325mg #105 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has complaints of 9/10 back pain and 7/10 right knee pain and 10/10 pain without medications. These reported visual analog scale scores fail to establish the efficacy of this medication. In addition to this, it would be noted that over the claim history, the use of opiates has increased from 5mg to 10mg with no clear documentation of effectiveness. It would further be noted that the injured worker's imaging studies are benign and there is no evidence of any substantive pathology on either magnetic resonance image that would warrant the use of opiate medications. Given the chronicity of the injured worker's treatment, there is no evidence of random urine drug screens to assess compliance. As such, the injured worker would not meet criteria for chronic opiate use per California Medical Treatment Utilization Schedule.

Non-contrast MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The request for a non-contrast magnetic resonance image (MRI) of the right knee is not supported as medically necessary. The submitted clinical records indicate that the injured worker sustained a right knee injury on 12/01/12. He has previously undergone an MRI of the right knee on 01/17/13 which identified mild chondromalacia patella and no intraarticular injury. It would be noted that the injured worker had significant restrictions in range of motion early in the claim. He was noted to have a range of motion of +10 in extension and 60 degrees in flexion. The most recent physical examination notes that the injured worker has 0 degrees of extension and flexion to 110 degrees. There is no new data presented which would suggest that the injured worker has had a progression or exacerbation of his right knee condition and as such, a repeat MRI of the right knee would not be clinically indicated.