

Case Number:	CM14-0052417		
Date Assigned:	07/07/2014	Date of Injury:	05/28/2007
Decision Date:	08/28/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational Medicine 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 patient is a 62-year-old male, who has submitted a claim for degenerative joint disease of the medial compartment; patellofemoral joint arthritis with degenerative joint disease; generalized tricompartmental degenerative joint disease and persistent degenerative right knee osteoarthritis associated with an industrial injury date of January 19, 2001. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of chronic right knee pain. Physical examination of the right knee showed moderate tenderness over the medial and lateral joint line and patella. Gait was observed to be antalgic, favoring the left lower extremity. MRI of the right knee done on November 29, 2007 revealed a complex tear of posterior horn of the medial meniscus, trabecular bone edema involving the medial femoral condyle and articular cartilage thinning and subjacent edema involving the patellofemoral joint. The MRI of the right knee done on February 27, 2012 showed degenerative changes over both medial and lateral joints where there is bone spurs on the femoral aspect. There is joint space narrowing along the medial joint line and significant bone spurring is seen over the lateral compartment. Treatment to date has included Losartan, Amlodipine, Naproxen, Norco, viscoelastic medications and partial medial meniscectomy. Utilization review from April 10, 2014 denied the request for Norco 10/325mg #30 because no functional improvement was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: The Expert Reviewer's decision rationale: As stated on pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless it is prescribed at the lowest possible dose and unless there is an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Norco since June 2013. The medical records did not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management therefore, the request for Norco 10/325mg #30 is not medically necessary.