MAXIMUS Federal Services

Case Number:	CM14-0065283		
Date Assigned:	07/11/2014	Date of Injury:	07/28/2011
Decision Date:	08/19/2014	UR Denial Date:	05/04/2014
Priority:	Standard	Application Received:	05/08/2014

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 Louisiana. 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 45 year old female who was injured on 07/28/2011 while she was driving her work vehicle. She was hit from behind by another vehicle causing her to hit a truck. She injured her left knee, left shoulder, and lower back. She underwent internal derangement of the left knee with a posterior horn medial meniscus tear; medial compartment osteoarthritis of the medial femoral condyle and medial tibial plateau; small mesial tear of the lateral meniscus and chondromalacia of the medial facet of the patella on 12/30/2013. Prior treatment history has included physical therapy.Ortho note dated 04/09/2014 documented the patient was in for a second Supartz injection as the first only provided minimal improvement; therefore, she continued to have left knee pain, left foot pain, and right-sided low back pain. Range of motion of the left knee revealed flexion from 5-125 degrees. She was recommended Norco 10/325 mg #60 (which she has been taking since 11/2013).Neuro progress report dated 04/24/2014 indicates the patient complained of continued left knee pain and lower back pain. She rated her pain as a 5/10. Objective findings on exam revealed tenderness to palpation over the left knee. She also has tenderness over the lumbar paraspinal muscles and dysesthesia along the right L5 and S1 dermatome, with absent ankle jerks. Impressions are closed head injury post-concussion syndrome with residual anxiety and depression; lumbar disc disease and failed lumbar spinal surgery; status post left knee surgery; secondary right knee pain and right elbow pain. The patient was noted to be temporarily disabled from all work activities until 05/29/2014. Prior utilization review dated states the request for Norco 10/325mg 1 (one) q 6 hours PRN (every 6 hours as needed) is denied as guideline criteria has not been met. Guidelines do not support ongoing opioid treatment unless prescriptions are a single practioner and are taken as directed. There must be proper documentation submitted as it pertains to side effects, functional improvement, pain relief, etc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 (one) q 6 hours PRN (every 6 hours as needed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Norco.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed, are prescribed at the lowest possible dose, and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The attached medical records do not indicate a timeline nor does it include how the patient is to be monitored for abuse and side effects. This medication is not medically necessary.