

Case Number:	CM14-0070963		
Date Assigned:	07/14/2014	Date of Injury:	11/04/2003
Decision Date:	08/27/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/16/2014

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 and Pain Medicine, and is licensed to practice in Florida. 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 69-year-old male who reported an injury on 11/4/03. The mechanism of injury was not provided for clinical review. Diagnoses included plica right knee, chondromalacia patella of the right knee, tear of the meniscal lateral knee, tear of meniscal medial right knee. Previous treatments included medication, injections, and surgery. Diagnostic testing included an MRI. Within the clinical note dated 2/10/14, it was reported the injured worker complained of stiffness, swelling, pain, discomfort, marked worsening limp, and night pain of the right knee. Upon the physical exam, the provider noted extension lag at 10 degrees, varus deformity, and modest effusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/300mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, On-Going Management Page(s): 78.

Decision rationale: The injured worker complained of stiffness, swelling, pain, discomfort, marked worsening limp, and night pain of the right knee. The California MTUS Guidelines

recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the efficacy of the medication, as evidenced by objective functional improvement. The injured worker has been utilizing the medication since at least July 2006. Additionally, the use of a urine drug screen was not submitted for clinical review. The request submitted failed to provide the frequency of the medication. As such, the request is not medically necessary.