

<b>Case Number:</b>	CM14-0072524		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 60-year-old female who reported an injury on 02/04/2010, after being assaulted by a client. The current diagnoses include history of post-traumatic stress disorder, traumatic chondromalacia of the left knee, status post arthroscopic surgery x2, status post meniscectomy in the left knee, left shoulder impingement syndrome, subacromial bursitis, cervical strain, and left upper extremity radiculopathy. The injured worker was evaluated on 03/12/2014 with complaints of pain in the neck, left shoulder, and left knee. The injured worker was awaiting an MRI with gadolinium of the left knee. It is noted that the injured worker will likely need a total knee replacement. In addition to significant pain, the injured worker also reported significant anxiety and nightmares. Physical examination revealed discomfort across the trapezial ridge, pain across the left arm in the C6 distribution, limited right shoulder range of motion, limited left shoulder range of motion, 10 to 100 degrees range of motion of the left knee, 0 to 130 degrees range of motion of the right knee, positive tenderness across the kneecap, moderate crepitation, significant joint line pain, increased pain in the left lateral knee joint, positive anterior drawer maneuver, and positive Lachman's testing. Previous conservative treatment includes physical therapy and medication management. Treatment recommendations at that time included a referral to a psychologist, an MRI of the left knee with gadolinium, continuation of the current medication regimen, continuation of the home exercise program, and a patella stabilizing knee wrap. There was no request for authorization form submitted on the requesting date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg # 480:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There is also no documentation of a written pain consent or agreement for chronic use. There is no frequency listed in the request. As such, the request is not medically appropriate or necessary.

**Ultram ER 150mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There is also no documentation of a written pain consent or agreement for chronic use. There is no frequency listed in the request. As such, the request is not medically appropriate or necessary.