

Case Number:	CM14-0079164		
Date Assigned:	07/18/2014	Date of Injury:	06/13/2009
Decision Date:	09/12/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	05/29/2014

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, has a subspecialty in Interventional Spine, 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 32-year-old female with an injury date of 06/13/2009. According to the 05/06/2014 progress report, the patient presents with left knee pain. The 03/17/2014 MRI of her left knee demonstrates evidence of intrasubstance degeneration of the medial and lateral meniscus with no meniscal tear; mild medial, minimal lateral, and minimal patellofemoral osteoarthritis; and mild joint effusion. She has swelling/popping in her knee along with ongoing depression. The 04/04/2014 report also indicates that the patient has persistent pain in her right ankle and left knee. She has access to a brace and a cane. The patient's diagnoses include the following: left knee pain with anterior cruciate ligament tear as well, and an anterior cyst and a lateral meniscus of anterior horn tear seen on MRI of August 2012. She also has chronic right ankle anterior talofibular ligament (ATFL) sprain that is improving. The Utilization Review determination being challenged is dated 05/17/2014. Treatment reports were provided from 12/30/2013 - 07/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain,OPIOIDS Page(s): 60,61,88,89.

Decision rationale: Based on the 05/06/2014 progress report, the patient presents with pain in her left knee. The request is for Norco 10/325 mg #120. The patient is currently taking Norco, Trazodone, and Effexor. The patient has been taking Norco as early as 12/30/2013. "She is also taking Norco for pain and believes it is helpful," as stated on the 12/30/2013 progress report. The 01/31/2014 report indicates that "with the use of Norco, pain decreases to 2/10," with initial pain being a 5-6/10 to an 8/10. In regards to chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale, validated instrument at least once every 6 months, and page 78 requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, time it takes for medication to work and duration of pain relief. Review of the reports indicates that there is documentation of analgesia but no specifics regarding ADL's, adverse effects, aberrant behavior including urine toxicology. No "pain assessment measures" are provided either. Given the lack of adequate documentation regarding functional measures recommendation is for denial.

1 referral to psychiatrist for evaluation and treatment: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 398.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127.

Decision rationale: Based on the 05/06/2014 progress report, the patient presents with pain in her left knee. The treater has requested one referral for a psychiatrist for evaluation and treatment for ongoing depression and insomnia. The patient is currently taking Norco, Trazodone, and Effexor. ACOEM guidelines, page 127 states "The occupational home practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex. When psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The patient should be allowed the psychiatric evaluation to treat the patient's depression and insomnia. Therefore, this request is medically necessary.