

Case Number:	CM14-0098869		
Date Assigned:	07/28/2014	Date of Injury:	05/04/2012
Decision Date:	09/09/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/27/2014

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 58-year-old male who reported injury on 05/04/2012. The mechanism of injury was the injured worker was repairing concrete and was on his knees for an extended period of time and the injured worker ended up with pain and swelling in the right knee. The documentation indicated the injured worker was utilizing Norco as of at least 09/2013. The prior treatments included surgical intervention and physical therapy, a knee brace, Norco, and a cortisone injection. The injured worker underwent X-rays of the bilateral knees. The documentation of 06/04/2014 revealed the injured worker had bilateral knee pain. The pain was constant. The injured worker indicated he gets relief with the current medications. The pain was rated a 7/10 without medication and a 3/10 with medication. The physical examination of the right knee revealed diffuse tenderness to palpation especially along the medial joint line. The injured worker had a positive McMurray's and Apley's compression test. The anterior posterior drawer tests were normal with pain. The documentation indicated the injured worker underwent an MRI of the right knee. The diagnoses included chronic pain syndrome, knee pain, medial meniscus tear with previous effusion, myalgia, and limb pain. The treatment plan included Voltaren ER 100 mg 1 by mouth daily for pain and inflammation and Norco 10/325 mg 1 by mouth twice a day to 3 times a day as needed for pain. The documentation indicated the opioids were necessary for chronic intractable pain. The documentation further indicated the physician opined the medication was helpful to improve the injured worker's overall function and mobility. A CURES report was obtained and reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 9/2013. The clinical documentation submitted for review met the above criteria; however, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325mg #90 is not medically necessary.

Voltaren 100mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. The injured worker had low back pain. This request would be supported; however, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request is not medically necessary.