

Case Number:	CM15-0019567		
Date Assigned:	02/09/2015	Date of Injury:	05/24/2012
Decision Date:	09/18/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 sustained an industrial injury on 5-24-12. The injury occurred when a large metal object fell, landing on his left knee and foot. His initial complaints are not available for review. The 1-12-15 PR-2 indicates that the injured worker had an MRI of the right knee on 5-10-13, which revealed a medial meniscus tear. He underwent surgery for a subtotal medial meniscectomy and chondroplasty on 1-4-13. He also has a history of a prior left knee meniscectomy on 7-12-07. The injured worker continued to complain of "constant, sharp, aching pain in his bilateral knee". His pain rating was "6 out of 10" and was noted to be aggravated by walking or prolonged standing. The pain was noted to be relieved by lying down or sitting. He reported difficulty in dressing, climbing stairs, walking, and lifting. A steroid injection was administered, according to the 1-12-15 progress record. However, the exact date of the injection is unavailable for review. The PR-2 indicates that the injured worker complained of dizziness and anxiety following the injection and "continues" to have the symptoms. He reported continued pain that radiates from the knee to the bottom of his foot, with associated numbness. He reported that the injection "did not help with his pain". He reported "increased pain, popping, giving way, and more crunching sounds". He was noted to walk with a cane. He underwent a total knee replacement on 10-17-14. Other treatment modalities have included medication and a knee ranger. The treatment recommendations were to continue with therapy. Voltaren gel and Norco prescriptions were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 54-year-old male with an injury on 05/24/2012. He fell landing on his left knee and foot. Prior to the injury on 07/12/2007, he had a left knee meniscectomy. On 01/04/2013, he had a right knee meniscectomy with chondroplasty. He had a total knee replacement on 10/17/2014. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. The request is not medically necessary.