

Case Number:	CM15-0145624		
Date Assigned:	08/06/2015	Date of Injury:	07/08/1998
Decision Date:	09/02/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male with an industrial injury dated 07-08-1998. The injured worker's diagnoses include left knee pain secondary to posterior cruciate ligament (PCL) tear and medial collateral ligament (MCL) sprain, right medial meniscus tear and hypertension. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06-29-2015, the injured worker reported left low back pain and worsening left knee pain. The injured worker also reported a torn posterior cruciate ligament (PCL) and medial collateral ligament (MCL), medial meniscus and lateral condyle bruising and mild diffuse atrophy. Objective findings revealed mild distress, pain with lumbar range of motion, decreased sensation in the left medial calf and right calf, positive slump testing on right, right knee edema, pain with positive McMurray's testing on the right side, and pain with palpitation of the right pes anserine bursa. Left knee Magnetic Resonance Imaging (MRI) revealed torn posterior cruciate ligament (PCL) , sprain of the medial collateral ligament (MCL); medial meniscus and lateral condyle bruising; loss of joint space and moderate to severe diffuse atrophy of the left thigh muscle. Magnetic Resonance Imaging (MRI) of the right knee dated 11- 05-2013 revealed complex tear at the posterior horn of the medial meniscus with subluxation of the medial meniscus into the medial joint line. The treatment plan consisted of medication management. The treating physician prescribed Norco 10/325mg #90 with 3 refills, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 1998 injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg #90 with 3 refills is not medically necessary and appropriate.