

Case Number:	CM15-0147923		
Date Assigned:	08/11/2015	Date of Injury:	05/30/2014
Decision Date:	09/11/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/30/2015

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: Hawaii, California, Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 33-year-old male, with a reported date of injury of 05-30-2014. The mechanism of injury was not indicated in the medical records. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include right chondromalacia patella, symptomatic medial plica and stent knee, chronic tear of the anterior cruciate ligament (ACL) with laxity, snapping knee with possible ACL scar tissue impingement equivalent to a cyclops lesion, and status post arthroscopic debridement, intraarticular adhesions and cyclops lesion. Treatments and evaluation to date have included oral medication, knee brace, right knee arthroscopic debridement of intraarticular fusion and cyclops lesion on 03-24-2015, and physical therapy. The diagnostic studies to date have included an x-ray of the right wrist on 06-02-2014 which showed a normal examination; an MRI of the right knee on 06-23-2014 that showed no fractures, a chronic partial tear of the ACL, and chronic thickening of the ACL; and a urine drug screening on 04-06-2015, with negative findings. The follow-up visit dated 05-04-2015 indicates that the injured worker complained of right knee pain. It was noted that the injured worker ran out of his pain medicine and was requesting more. He noted some instability with medial and lateral movement. The injured worker noted pain in his left hip; he walked with an altered gait. The physical examination of the right knee showed slight swelling; clean, dry, and intact incisions; the ability to flex and extend; full range of motion with pain at the end point; and atrophy of the quadriceps. The treatment plan included Norco 10mg #120 with no refills. It was noted that the injured worker has not been able to return to work. The follow-up visit dated 07-06-2015 indicates that the injured worker complained of right knee pain. He has returned to

work with work restrictions. It was noted that the injured worker was reportedly doing well, and was there for refills of his medications, including Norco. The physical examination showed clean, dry, and intact incisions; full range of motion; and some quadriceps atrophy, but improved. The treatment plan included a refill of Norco. The treating physician requested Norco 10-325mg #120 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120 with No Refill: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Norco (hydrocodone and acetaminophen) is recommended for moderate to moderately severe pain. The injured worker has been taking Norco since at least 05-04-2015. The MTUS Guidelines state that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There was documentation that the injured worker had returned to work with restrictions. A random drug test was performed; however, an opioid contract was not discussed. There is no evidence of significant pain relief or increased function from the opioids used to date. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Norco is not medically necessary.