

Case Number:	CM15-0149483		
Date Assigned:	08/12/2015	Date of Injury:	05/06/2014
Decision Date:	09/14/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/31/2015

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 57 year old male who sustained an industrial injury on 5-6-14 when a forklift slid pinning the injured worker between the forklift and boxes and the forklift bucket struck the injured worker in the mid lower leg and then the bucket dropped onto his left leg and ankle causing the injured worker to fall twisting his left knee and ankle. He initially iced and elevated the left leg and then was medically evaluated, had x-rays, was given medication and was started on physical therapy. He currently complains of left knee pain with a pain level of 6-7 out of 10; left ankle weakness. He has sleep difficulty. He has difficulty navigating stairs. He ambulates with an antalgic gait favoring the left side. On physical exam of the knees the left knee had tenderness on palpation with positive crepitation, positive patellar grind, positive McMurray's sign, and decreased range of motion. Diagnoses include status post left ankle diagnostic arthroscopy (9-6-14); status post left anterior cruciate ligament repair (2008); left knee arthroscopic surgery (12-5-14); meniscal tear left knee (5-6-14); oblique tear of posterior horn of medial meniscus; tricompartmental osteoarthritis, left knee; mucoid degeneration of the left anterior cruciate ligament. Treatments to date include 36 physical therapy sessions which were not helpful. Diagnostics include chest x-ray (8-6-14) showing degenerative anterior, superior and anterior inferior endplate osteophytes; MRI of the left knee (9-6-14) showing prepatellar soft tissue swelling, oblique tear through the posterior horn of medial meniscus, tricompartmental osteoarthritis; MRI of the left ankle (7-9-14) showing marrow edema and subchondral cyst; MRI of the left foot (6-15-14) showing soft tissue swelling, no evidence of fracture; x-ray of the left knee (4-21-15) showing flabella versus loose body posterior to the left

knee; MR arthrogram of the left knee (5-20-15) with abnormalities. In the progress note dated 6-9-15 the treating provider's plan of care includes a request for post-operative pain medication in the form of Norco 10-325mg #60 for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: This patient presents with left knee pain and left ankle weakness. The current request is for Norco 10/325mg #60. The RFA is dated 07/02/15. Treatments to date include knee surgery (12/05/14), left ankle surgery in 09/06/14 and left anterior cruciate ligament repair (2008), physical therapy and medications. The patient is not working. MTUS Guidelines page 76 to 78, under the criteria for initiating opioids, recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time MTUS states that "Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities." According to progress report 06/16/15, the patient presents with significant left knee pain. On physical examination of the left knee, there was tenderness on palpation with positive crepitation, positive patellar grind, positive McMurray's sign, and decreased range of motion. The patient underwent an MR arthrogram of the left knee on 08/05/15 which showed Grade III tear through the posterior horn of the medial meniscus, and degenerative changes in the anterior horn of the lateral meniscus. The treater states that the patient has failed conservative treatment and requests a revision left knee arthroscopy and post-operative medication in the form of Norco 10/325mg #60 for pain control. Report 05/11/15 notes that the patient's current medications are Lisinopril, Metformin and atorvastatin. Progress report 03/30/15 through 06/16/15 were provided for review. There is no indication that the patient is currently on any pain medication. The UR letter dated 07/10/15 denied the request stating the medication is not necessary as the requested surgery is non-certified. In this case, the patient presents with left knee pain, rated 6-7 out of 10. It appears the patient is not taking any opioid medications and regardless of the patient's surgery status, the patient should be afforded the requested Norco to see if this can alleviate some of his pain. The request IS medically necessary.