

Case Number:	CM15-0166393		
Date Assigned:	09/04/2015	Date of Injury:	09/24/2014
Decision Date:	10/06/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/24/2015

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: 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 49 year old male, who sustained an industrial injury on September 24, 2014. The injured worker was diagnosed as having lateral meniscal tear, osteoarthritis on knee and arthralgia bilateral knees. Treatment to date has included medication, X-rays and magnetic resonance imaging (MRI). A progress note dated August 13, 2015 provides the injured worker complains of right greater than left knee pain and swelling. He reports he needs Norco 4-5 times daily. He rates the pain 6-7 out of 10 without medication and 3-4 out of 10 with medication. Physical exam notes bilateral knee tenderness to palpation, decreased range of motion (ROM) and crepitus. Review of X-ray and magnetic resonance imaging (MRI) reveal right knee degenerative changes, complex degenerative meniscus tear and osteoarthritis. There is retrospective request (8-13-15) for Norco, Motrin, ice pack and lab work. A weaning of Norco was attempted with increased reported pain. A trial of increased exercise (swimming) and a recumbent bike is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg quantity 120 DOS 8-13-15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-when to continue Page(s): 79, 80.

Decision rationale: MTUS Guidelines support the careful use of opioids when there is meaningful pain relief, support of function and no drug related aberrant behaviors. This individual meets these Guideline criteria. Pain relief of up to 50% improvement is reported along with an improved ability to perform ADL's (walk). No aberrant behaviors are documented or found with review of CUREs reported. Diminished use of opioids was trialed without success and continued use at about 4 Norco per day is supported by Guidelines under these circumstances. The Retrospective Norco 10/325mg quantity 120 DOS 8-13-15 is medically necessary.