

Case Number:	CM15-0182188		
Date Assigned:	09/23/2015	Date of Injury:	12/18/2013
Decision Date:	10/28/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 51 year old male, who sustained an industrial-work injury on 12-18-13. He reported initial complaints of left knee, lumbar, and arm pain. The injured worker was diagnosed as having a tear of medial meniscus, lumbar sprain, biceps tendon strain-proximal. Treatment to date has included medication, diagnostics, and surgery. MRI results were reported on 5-29-14 that demonstrated mild to moderate cartilage irregularity and loss involving the lateral aspect medial femoral condyle. X-rays were reported on the right knee on 3-12-14 that demonstrated mild degenerative joint disease. X-ray of the lumbar spine revealed minimal degenerative anterior osteophytosis at the L4 level. Currently, the injured worker complains of knee pain, status post arthroscopic meniscectomy and debridement. There is no locking or giving way. He is performing knee range of motion exercises. Per the primary physician's progress report (PR-2) on 8-27-15, exam notes slight effusion in left knee, tender medial joint pain, no varus or valgus instability, range of motion at 5-115 degrees, and 2+ knee and ankle reflexes. Current plan of care includes begin formal left knee rehab. The Request for Authorization requested service to include Norco 10-325mg 3 times daily as needed #160. The Utilization Review on 9-14-15 modified the request for Norco 10-325 mg 3 times daily as needed #90 for continued weaning, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 3 times daily as needed #160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Norco 10/325mg 3 times daily as needed #160 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids without significant evidence of functional improvement therefore the request for Norco is not medically necessary.