

Case Number:	CM15-0189414		
Date Assigned:	10/01/2015	Date of Injury:	06/11/2013
Decision Date:	11/09/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/25/2015

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: Emergency 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 35 year old male, who sustained an industrial injury on 6-11-13. The injured worker was diagnosed as having left fibrous mass from pretibial area-patellar ligament. Treatment to date has included status post left knee excision of fibrous mass from pretibial area-patellar ligament; physical therapy; medications. Currently, the PR-2 notes dated 8-13-15 indicated the injured worker returns for a follow-up. He is still having significant left knee pain. The provider notes, "I discussed with him again that any further treatment likely would require injection or surgery. He is not interested in that. The patient was denied the hydrocodone by an IMR on 7-9-15. The patient has been unable to wean himself from that medication. The Naprosyn helps him only minimally. He has tried other medication including Tylenol #3 without help." Objective findings document "Physical examination shows that the patient's left knee has a small effusion. He does have full extension. He has 5 over 5 knee extension. He does have tenderness anteriorly. McMurray's test causes pain only anteriorly. He is a left knee status post excision of fibrous mass from the pretibial area-patellar ligament." The provider's treatment plan is for the injured worker to see pain management to assume medicine-dispensing responsibilities. He requested this be done expeditiously. The patient has not been able to wean himself off of hydrocodone. The provider is giving him a short supply and hope to get him into pain management as soon as possible. The provider notes "the injured worker did well for a while with physical therapy after surgery. However, he notes, at this point, he should be independent with a home exercise program." A Request for Authorization is dated 9-4-15. A Utilization Review letter is dated 9-11-15 and modifies the certification was for Norco #60 to an

authorization stating, "1/2 to one tablet two times a day (BID) as needed (prn) for pain #45 for use while clarification is provided or weaning to lowest down needed to maintain symptoms relief and functional benefits." A request for authorization has been received for Norco #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #60: 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 for chronic pain.

Decision rationale: The requested Norco #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has been unable to wean himself from that medication. The Naprosyn helps him only minimally. He has tried other medication including Tylenol #3 without help. Objective findings document "Physical examination shows that the patient's left knee has a small effusion. He does have full extension. He has 5 over 5 knee extension. He does have tenderness anteriorly. McMurray's test causes pain only anteriorly. He is a left knee status post excision of fibrous mass from the pretibial area-patellar ligament." The provider's treatment plan is for the injured worker to see pain management to assume medicine-dispensing responsibilities. He requested this be done expeditiously. The patient has not been able to wean himself off of hydrocodone. The provider is giving him a short supply and hope to get him into pain management as soon as possible. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco #60 is not medically necessary.