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| Case Number: | CM15-0191911 | | |
| Date Assigned: | 10/06/2015 | Date of Injury: | 09/15/2014 |
| Decision Date: | 11/12/2015 | UR Denial Date: | 09/15/2015 |
| Priority: | Standard | Application Received: | 09/30/2015 |

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 60 year old female, who sustained an industrial injury on 9-15-2014. The injured worker was being treated for major depressive disorder, single episode, moderate, bilateral derangement of posterior horn of medial meniscus, degeneration of lumbar or lumbosacral intervertebral disc, chondromalacia of patella, bilateral, and articular cartilage injury, bilateral. Treatment to date has included diagnostics, bracing, left knee arthroscopy (3-25-2015), viscosupplementation, and medications. Currently (9-08-2015), the injured worker complains of "struggling with both knees". The treating physician documented that she was seen on an urgent basis the previous week (9-04-2015) due to sharp right knee pain and swelling, her knee was aspirated, and 20cc of clear synovial fluid was removed. She remained "very disabled", was using crutches for ambulation, and was only walking very short distances. Exam of the right knee noted range of motion 5-120 degrees, a 20cc effusion, moderate tenderness about the medial and lateral joint lines, and no instability. Exam of the left knee noted range of motion 5-110 degrees, a 10cc effusion, diffuse tenderness to palpation, and no instability. Magnetic resonance imaging was reviewed and documented to show "a grade 3 tear of the medial meniscus" and "also an area of bone edema in the medial femoral condyle". Surgical intervention was recommended, with the treating physician documenting that it will be decided in recovery which pain medication is most appropriate. The previous progress report referenced the use of Norco in the post-operative period following left knee surgery. The treatment plan included a right knee arthroscopic meniscectomy and associated surgical services, including medications, Tylenol #3 30-325mg #25 with 1 refill and Norco 10-325mg #100. On 9-15-2015, Utilization Review modified the requested Tylenol #3 to 30-325mg #25 without refill and non-certified the requested Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Tylenol #3, 30/325 mg Qty 25 with 1 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 9/4/15. Therefore, the determination is for non-certification if used for chronic use. If this medication is for a temporary use after the proposed knee arthroscopy then it is medically necessary.

Post operative Norco 10/325 mg Qty 100: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 9/4/15. Therefore, the determination is for non-certification for chronic use. However, this prescription is for temporary use after the proposed knee arthroscopy then it is reasonable and medically necessary.