

<b>Case Number:</b>	CM15-0194850		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	07/19/2000
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old female who sustained an industrial injury on July 19, 2000. A recent primary treating office visit dated September 03, 2015 reported subjective complaint of "no major change from last visit June 05, 2015." There is still "developing progressive pain in left knee with swelling and popping." The following diagnoses were applied to this visit: medial meniscal tear, and MFC chondromalacia. There is note of previous MRI November 12, 2013 and recommendation for left knee MRI. The following were prescribed this visit: Norco 5mg 325mg #60 and undergo an MRI of left knee evaluating meniscal and articular surfaces. Documentation provided showed evidence of right knee MRI performed on December 14, 2012 that showed a small joint effusion, a small lobulated popliteal cyst, tear of the body and posterior horn in the medial meniscus and mild medial and patellofemoral chondromalacia. Previous treatment to include: activity modification, medication, surgery, physical therapy, injection, exercise and stretching. At primary follow up dated June 05, 2015 she was prescribed Norco 5mg 325mg #60. On September 03, 2015 a request was made for a MRI of left knee and Norco 5mg 325m g #60 which were noted non-certified for the MRI and modified Norco order made by Utilization Review on September 15, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging), left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria, Special Studies, and Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

**Decision rationale:** The claimant sustained a work injury in July 2000 when, while working as a janitor she slipped in water and twisted her right knee. She underwent an arthroscopic right knee medial meniscus repair in September 2001. In April 2015 she was receiving viscosupplementation injections for the right knee. In June 2015 a cortisone injection was administered. She was continuing to work. She was using pain medications. Norco was being prescribed. In September 2015 there had been no change after the injections. She was having progressive left knee pain with swelling and popping attributed to compensating for her right knee. Physical examination findings included a moderate left knee joint effusion and positive patellar compression testing. There was mild medial joint line pain. Her medications were continued and authorization was requested for an MRI of the left knee. Applicable indications in this case for obtaining an MRI of the claimant's left knee would include significant acute trauma to the knee or when initial anteroposterior and lateral radiographs are non-diagnostic and further study is clinically indicated. In this case, there is no reported acute injury to the knee and no reported plain film x-ray results. There are no physical examination findings that would support the need to obtain an MRI of the left knee at this time such as findings of internal derangement or of a ligament injury. There has been no conservative treatment for her left knee symptoms. An MRI of the left knee is not medically necessary.

**Norco 5/325 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Weaning of Medications.

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

**Decision rationale:** The claimant sustained a work injury in July 2000 when, while working as a janitor she slipped in water and twisted her right knee. She underwent an arthroscopic right knee medial meniscus repair in September 2001. In April 2015 she was receiving viscosupplementation injections for the right knee. In June 2015 a cortisone injection was administered. She was continuing to work. She was using pain medications. Norco was being prescribed. In September 2015 there had been no change after the injections. She was having progressive left knee pain with swelling and popping attributed to compensating for her right knee. Physical examination findings included a moderate left knee joint effusion and positive patellar compression testing. There was mild medial joint line pain. Her medications were continued and authorization was requested for an MRI of the left knee. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or break through

pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.