

Case Number:	CM15-0024637		
Date Assigned:	02/17/2015	Date of Injury:	09/28/2012
Decision Date:	04/06/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington

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 47-year-old male who reported an injury on 09/28/2012. The mechanism of injury was not stated. The current diagnoses include left foot crush injury, left fibular fracture with distal tibial fibular instability, lumbar strain with left lower extremity radiculopathy, left 5th toe dislocation, and status post left knee arthroscopy on 07/21/2014. The injured worker presented on 01/21/2015 for a follow-up evaluation with complaints of persistent knee, ankle and foot pain. The injured worker also reported 5/10 low back pain. Associated symptoms included popping and numbness in the left great toe. The injured worker was utilizing Lyrica, hydrocodone, metformin, simvastatin, and benazepril. It is also noted that the injured worker was attending physical therapy with an improvement in symptoms. Upon examination, there was tenderness about the paraspinal muscles of the lumbar spine, flexion to 40 degrees, extension to 30 degrees, rotation to 40 degrees, lateral tilt to 20 degrees, 4+ quadriceps and hamstring strength in the lower extremities, 2+ deep tendon reflexes, 5 to 100 degree range of motion of the knee, and no evidence of trauma. Recommendations at that time included a knee injection and continuation of the current medication regimen. A Request for Authorization form was then submitted on 01/21/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) updated 1/30/15.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques such as aspiration of effusions and cortisone injections are not routinely indicated. The specific type of injection was not listed in the request. There is also no documentation of a recent attempt at any conservative treatment for the knee prior to the request for an injection. There was no evidence of a significant functional limitation upon examination. Given the above, the request is not medically appropriate.

Norco 10/325mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. The request as submitted also failed to indicate a frequency. There is also no mention of a failure of nonopioid analgesics. Given the above, the request is not medically appropriate.