MAXIMUS Federal Services

Case Number:	CM15-0225604		
Date Assigned:	11/24/2015	Date of Injury:	11/02/2010
Decision Date:	12/31/2015	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/17/2015

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 62 year old female who sustained an industrial injury on 11-2-2010. A review of medical records indicates the injured worker is being treated for sprains of ligaments of the lumbar spine, impingement syndrome of the right shoulder, trigger finger, right ring finger, trigger thumb, left thumb, lateral meniscus tear left knee current, medial meniscus tear left knee current, and bilateral primary osteoarthritis knee. Medical records dated 11-3-2015 noted bilateral knee pain left greater than right rated 8 out of 10. She had catching and sharp stabbing pain. Previous pain was rated the same. Physical examination noted decreased range of motion to the shoulder. There was a mild effusion to the left knee with tenderness joint line bilateral knee medial and lateral joint. Treatment has included physical therapy and Naproxen since 5-26-2015. Utilization review form dated 11-9-2015 noncertified Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative meds, Norco 10/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation DEA, Subchapter I Control and Enforcement, Part C Registration of Manufacturers, Distributors, and Dispensers of Controlled Substances.

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

Decision rationale: The claimant sustained a work injury in October 2010 when she was hit on the top of her head by a freezer door. She gradually developed upper and lower back pain and pain involving the upper and lower extremities. She had recent physical therapy for her right shoulder with completion of six treatments as of 08/19/15, for a rotator cuff sprain. An MRI of the left knee in August 2015 showed findings of medial meniscus degeneration with severe medial compartment osteo-arthritis. When seen in October 2015 she was having radiating back pain, severe knee pain, and right wrist and hand numbness with tingling. Physical examination findings included decreased shoulder range of motion with crepitus and weakness. Impingement testing was positive. There was triggering of the right fourth finger and left thumb. There was bilateral knee medial joint line tenderness with a minimal effusion. She was using a cane. She had decreased right lower extremity sensation. Medications were naproxen, Lisinopril, Simvastatin, and Metformin. In November 2015 left knee arthroscopic surgery was requested with postoperative care including physical therapy and pain medications. Norco 10/325 mg #60 with one refill was requested. Criteria for the use of opioids include an assessment of pain and response to nonopioid analgesic medications. When requested, the claimant was not taking any opioid medication. Without assessing pain following the procedure, predicting a need for opioid medication would not be possible. Prescribing an opioid medication prior to undergoing the planned procedure is not appropriate or medically necessary.