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| Case Number: | CM15-0033413 | | |
| Date Assigned: | 02/26/2015 | Date of Injury: | 05/16/2013 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 02/14/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 37-year-old female, who sustained a work related injury on 5/16/13. Her left foot bumped into a rock on the ground, she lost her balance and fell onto her left side. She had pain in her left lower extremity. The diagnosis has included left knee internal derangement with discoid lateral meniscus. Treatments to date have included x-ray left knee on 9/22/14, MRI left knee done on 9/4/13, physical therapy and oral medications. In the PR-2 dated 1/29/15, the injured worker complains of significant left knee pain over lateral aspect with "giving way" of left knee and swelling. She also complains of lateral left knee pain, low back pain and pain that radiates down to left ankle. She has tenderness to lateral left knee. She has full range of motion. She has a positive McMurray test laterally with left knee. On 2/14/15, Utilization Review non-certified a request for post-operative Norco 10/325mg., #60. The California MTUS, ACOEM Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Norco 10/325m #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, National Institutes of Health, ACOEM, 2nd Edition (2004).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient file, the arthroscopic surgery of the left knee is not medically necessary. Therefore, the request for post-op Norco 10/325mg #60 is not medically necessary.