

Case Number:	CM15-0039799		
Date Assigned:	03/10/2015	Date of Injury:	10/23/2012
Decision Date:	04/13/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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

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 52 year old male who sustained a work related injury October 23, 2012. Past history includes meniscal tear, internal derangement right knee, left knee s/p arthroscopy chondromalacia patella, right and left shoulder impingement with tendinitis, and bulging disc, lumbar spine with left sided radiculopathy. According to a primary treating physician's progress report, dated January 7, 2015, the injured worker presented for re-evaluation of left knee. Examination of the left knee reveals well healing incisions about the left knee, the quadriceps muscle is 1 inch smaller on the left when compared to the right and a slight effusion is present. Diagnosis is documented as left knee, medial meniscal tear and lateral meniscal tear, s/p arthroscopy. Treatment plan included continuing post-operative physical therapy, ultra sound massage and therapeutic exercises for the left knee and prescription for Norco. The note indicates that the patient was prescribed Norco for postoperative pain following arthroscopic surgery. Notes indicate that the patient had been taking tramadol prior to this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

Decision rationale: Regarding the request for Norco, California MTUS cites that opioids should be used only if needed for severe pain and only for a short time. While long-term use of opioids is supported only in the presence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, it should be noted that the request was made approximately one month after arthroscopic surgery. A short course of opioids is appropriate in the management of postoperative pain. In light of the above, the currently requested Norco #60 is medically necessary.