

Case Number:	CM15-0042100		
Date Assigned:	03/12/2015	Date of Injury:	09/24/2012
Decision Date:	04/22/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old male, who sustained an industrial injury on September 24, 2012. The injured worker had reported a left knee injury. The diagnoses have included left knee status post arthroscopic partial meniscectomy with chondroplasty medically. Treatment to date has included medications, radiological studies, physical therapy and left knee surgery. Current documentation dated January 26, 2015 notes that the injured worker complained of left knee pain. Physical examination of the left knee revealed a mild knee effusion and tenderness to palpation in the medical aspect of the knee. Crepitation was noted with the McMurray sign. Range of motion was noted to be decreased in the left knee. The treating physician's recommended plan of care included Norco 10/325 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with left knee pain. The request is for Norco 10/325 mg quantity 60. Patient is status post left knee arthroscopic partial medial meniscectomy with chondroplasties 07/02/13. Physical examination to the left knee on 01/26/15 revealed tenderness to palpation to the medial aspect of the knee. Crepitation was elicited on McMurray's sign. Patient ambulates with an unloader brace and a cane. Patient treatments have included medications, physical therapy, viscosupplementation injections and corticosteroid injections. Patient's diagnosis, per 02/20/15 progress report includes monoarthritis uns leg left knee. Per 02/20/15 progress report, patient's medication includes Norco. Patient's work status was not specified. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." Treater does not discuss this request. The request is for Norco # 60. UR letter dated 02/19/15 has modified the request to # 45. Treater has not stated how Norco decreases pain and significantly improves patient's activities of daily living. The 4A's are not appropriately addressed, as required by MTUS. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No USD reports, CURES or opioid pain contract were provided either. Given the lack of documentation as required by MTUS, the request is not medically necessary.