

Case Number:	CM15-0048281		
Date Assigned:	03/20/2015	Date of Injury:	12/21/2008
Decision Date:	04/24/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/13/2015

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 41 year old male who sustained an industrial injury on 12/21/08 when he was hit by another vehicle resulting in bilateral knee and pelvic fracture. He remained hospitalized for one month for left patella femur, pelvic fractures and right knee symptoms. He wore a knee brace following anterior cruciate ligament reconstruction in 2009. He is currently experiencing sharp bilateral knee pain and swelling. Medications include Duloxetine, Norco, Diclofenac, Pennsaid Diclofenac. His activities of daily living are limited due to chronic pain. Diagnoses include old anterior cruciate ligament disruption; synovitis and tenosynovitis. Treatments to date include medications, which are helpful in reducing pain, cortisone injections three times per year, which reduced severity of pain for up to three weeks, knee brace, and physical therapy. Diagnostics included bilateral knee x-rays (10/6/14); MRI right knee (10/9/14) showing anterior cruciate ligament graft failure. In the progress note dated 2/26/15 the treating provider requested Norco for the pain and Duloxetine to reduce neuralgia in his knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco/Hydrocodone/APAP 10/325 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in 2008 when, while working as a Police Officer, he was struck by a vehicle. He continues to be treated for chronic knee pain with a history of failure of an ACL repair. He is overweight. He continues to work with restrictions. In this case, the claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when standing and walking as well as baseline pain consistent with his history of injury and surgery. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. His total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Duloxetine 10 mg Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: The claimant sustained a work-related injury in 2008 when, while working as a Policar Officer, he was struck by a vehicle. He continues to be treated for chronic knee pain with a history of failure of an ACL repair. He is overweight. He continues to work with restrictions. In terms of Cymbalta (duloxetine), it can be recommended as an option in first-line treatment of neuropathic pain. The requesting provider documents neuralgic pan as interfering with sleep. The maximum dose is 120 mg per day. The requested dose is consistent with that recommended and therefore medically necessary.