

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0081592 | | |
| Date Assigned: | 05/04/2015 | Date of Injury: | 10/01/1997 |
| Decision Date: | 06/17/2015 | UR Denial Date: | 04/06/2015 |
| Priority: | Standard | Application Received: | 04/28/2015 |

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: Pennsylvania, Ohio, 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 56-year-old male, with a reported date of injury of 10/01/1997. The diagnoses include right knee pain and status post anterior cruciate ligament (ACL) repair. Treatments to date have included oral medications, an MRI of the right knee in 2011, which showed evidence of rupture or indentation of the ACL graft, urine drug tests, a knee brace, home exercise program, and a diagnostic surgical arthroscopy of the right knee. The pain management re-evaluation report dated 03/09/2015 indicates that the injured worker complained of right knee pain. He stated that he was feeling stronger. It was noted that he was doing well overall, and that the medications were helping. The injured worker's current pain level was 7 out of 10. The physical examination showed crepitation in the right knee and varicosities in the bilateral lower extremities. No other pain ratings or objective findings were documented. The injured worker's current pain level on 02/09/2015 was 7 out of 10. The physical examination showed mild crepitus in the right knee and varicosities in the bilateral lower extremities. The treating physician requested Norco 10/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, 115, Chronic Pain Treatment Guidelines Criteria for use of opioids, Opioids for chronic pain, Weaning of Medications Page(s): 78-82, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.