

Case Number:	CM15-0082151		
Date Assigned:	05/04/2015	Date of Injury:	10/08/2008
Decision Date:	06/03/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/29/2015

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: Preventive Medicine, Occupational 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 55-year-old male, with a reported date of injury of 10/08/2008. The diagnoses include left leg osteoarthritis. Treatments to date have included oral medications. The progress report dated 02/10/2015 indicates that the injured worker continued to have moderate pain in the knee. It was noted that he was in for follow-up of his right knee pain. The objective findings include a limp, use of a cane, small effusion, swelling throughout the fat pad was unchanged, pain throughout the range of motion, tenderness throughout the joint line medially and laterally, tenderness in the patella and quadriceps tendons, as well as throughout the hamstrings. There was no documentation of increase in functionality, pain rating, or reduction in pain. The treating physician requested Norco and valu form roll/wedge for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The MTUS Guidelines have very specific standards necessary to support the long-term use of Opioid medications. These standards include detailed the amount and length of pain relief when Opioids are utilized. The standards also include the necessity for detailing functional improvements or support as a result of Opioid use. Neither of these standards are met in this individual. There is inadequate detailing of benefits to pain and function. There are no unusual circumstances to justify an exception to Guidelines. The Norco 10325 #120 is not supported by Guidelines and is not medically necessary.

Valu form roll wedge for left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, DME.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: MTUS Guidelines are very clear that therapy and rehabilitative care should be geared toward self-management of chronic painful conditions. There is no medical reason to suspect that this request for simple roll/wedges would not be for this purpose. The item(s) should assist with self-care with helping with appropriate exercises and/or positioning at rest. The Valu Form roll wedge is consistent with Guidelines and is medically necessary.