

Case Number:	CM15-0085528		
Date Assigned:	05/08/2015	Date of Injury:	11/12/2009
Decision Date:	06/09/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/05/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 39 year old male patient who sustained an industrial injury on 11/12/2009. The patient reports while carrying a heavy piece of equipment up stairs he twisted his foot falling landing on his left knee resulting with acute onset of left knee pain. He did report the injury, but continued to complete that work day. The pain persisted and increased. He was seen, underwent radiographic study, provided a knee brace, prescribed Lodine and given modified work duty. In addition, he was referred to a course of physical therapy of which he felt did not help. Subsequently, he underwent magnetic resonance imaging of the left knee and referred for an orthopedic evaluation. A request was made for surgical intervention and the patient did undergo surgery on 01/07/2011. He did attend a course of post-operative physical therapy. A follow up visit dated 09/21/2012 reported chief complaint of left knee pain. The patient was with subjective complaint of left knee pain. The biggest area of pain is to the anterior aspect of the patellar tendon. He feels that when he kneels, there is a big knotting feeling. Of note, a topical compound cream was requested to no availability. The impression noted left knee pain; chondromalacia patella; possible painful suture knot. The plan of care involved: continuing with recommendation for topical compound cream, recommending Vicodin 5/500mg, complete a magnetic resonance imaging study of left knee and follow up in three weeks. A more recent primary treating office visit dated 04/16/2015 reported chief complaint of left anterior knee pain. Of note, there was previous discussion regarding a left knee procedure of a patellar button treating the chondromalacia patella; the patient would still like to contemplate any surgery. In the meantime, the patient is in need of chronic pain management. He takes Norco for the pain

which has given temporary relief. In addition, he takes Advil as needed. Objective findings showed the left knee well healed, and with hypesthesia lateral to the incision. There is patellofemoral crepitation. There is tenderness to patellar compression diffusely. The impression noted the patient with left knee grade IV chondromalacia patella; left knee status post partial medial meniscectomy, and left knee patella tendinopathy status post repair. The plan of care involved: continuing with recommendation for compound topical cream to left knee and lower leg, consider future surgery, and follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over a year without consistent documentation of pain scores. In addition, it was taken in combination with NSAIDS. Tylenol or Tricyclic failure was not noted. Continued Norco use is not medically necessary.