

Case Number:	CM15-0089482		
Date Assigned:	05/13/2015	Date of Injury:	02/04/2014
Decision Date:	06/18/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/09/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 54-year-old male, who sustained an industrial injury on 2/4/14. He reported initial complaints of right knee pain. The injured worker was diagnosed as having status post tibial plateau fracture. Treatment to date has included status post open reduction internal fixation (2/12/14); physical therapy; aquatic therapy; home exercise program; medications. Diagnostics included x-rays right knee (2/5/14); CT scan right knee (2/7/14). Currently, the PR-2 notes dated 1/28/15 indicated the injured worker was seen in this office for the purpose of evaluation and treatment. He is a status post open reduction internal fixation right tibial plateau fracture of 2/12/14. The physical examination indicates he is in no acute distress and ambulates with a normal plantigrade gait and uses no external equipment. Neurological examination of the lower extremities demonstrates sensation is intact to light touch and pinprick in all dermatomes in the bilateral extremities. His motor strength on the right hip, knee, ankle, plantar flexors was 4/5 with hip, knee extensor 4/5. The provider's treatment plan was to continue Norco and request massage therapy to provide relief as well as continue home exercise program. PR-2 notes dated 12/8/14 indicated the injured worker reported ongoing knee pain and a more descriptive physical examination was documented. These notes indicate the injured worker was still with his walker and is able to take several steps without the walker but really needs it for anything more than several steps because of discomfort. The right lower extremity from mid femur down to toes is warm and dry and skin is intact. Distally, his is neurovascularly intact with good dorsalis pedis pulse, no clubbing, cyanosis or edema. His calf is soft and nontender. There is no edema in the ankle or foot. The swelling about the knee is substantially improved and no gross knee effusion.

Range of motion is still a little limited as he goes from 0 to approximately 110 degrees; with no gross collaterally laxity noted. There is still tenderness laterally over the plate but no fluctuance or erythema, or warmth. There is no medial joint line tenderness or gross collateral or cruciate laxity. There is no crepitance felt as the provider passively ranges the knee. At this time, the provider advised no walking or climbing stairs over any distance. He is to continue with home exercise. He increased his Norco to 6 tablets per day and this will allow him to be a little stronger. The injured worker was to follow-up on 1/16/15. Those notes were not available for our review of his progress. The provider has requested Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for knee pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. In fact, the provider states that medications are not helping. As such, the request for Norco 10/325mg #60 is not medically necessary.