

Case Number:	CM14-0119985		
Date Assigned:	08/06/2014	Date of Injury:	01/08/2013
Decision Date:	10/06/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 39-year-old female who has submitted a claim for Recurrent Tear, Left Medial Meniscus, Posteriorly; Chondromalacia Patellae, Left Knee; and Synovitis, Left Knee associated with an industrial injury dated 01/08/2013. Medical records from December 2013 to April 2014 were reviewed which showed increasing left knee pain with sensation of giving way and locking. Patient also reported difficulty going up and down the stairs. Physical examination showed absent tibiofemoral rotation, increased warmth, tenderness over the posterior horn of medial meniscus of left knee, and tenderness over lateral side of left patella. Patellar compression test causes accentuated pain. There was 120/130 degree flexion and extension -2/0 to -3/0 degree. MRI dated 01/13/14 showed mild osteoarthritis and post-surgical changes versus marked mucoid degeneration with probable tears involving the posterior medial meniscus. Treatment to date has included left knee arthroscopy with partial medial and lateral meniscectomy and chondroplasty last 07/12/2013, 10 physical therapy sessions, knee brace, and viscosupplementation injections. Utilization review from 07/15/2014 denied the request for Norco 5/325mg tablet #60 since the patient has been rendered a candidate for knee surgery and post-operative pain is expected. The patient has been approved for another pain medication, tramadol. The addition of a secondary pain medication post-operatively is not advised due to potential increased risk of morbidity and mortality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-91.

Decision rationale: As stated on page 77 of CA MTUS Chronic Pain Medication Treatment Guidelines, therapeutic trial of opioids should not be employed until patient has failed a trial of non-opioid analgesics. In this case, there is no previous tramadol intake. The proposed plan is arthroscopic surgery of the left knee. Post-operative medications have been requested including Tramadol 50mg tablet and Norco 5/325mg tablet for breakthrough pain. Post-operative pain is expected after surgery and adequate pain relief is beneficial. The request for the use of tramadol 50mg tablet has been approved. Adding a second pain medication post-operatively is only advised once use the Tramadol and non opioid analgesics have failed. It is unclear if the planned surgery has been certified already. Therefore, the request for Norco 5/325mg #60 is not medically necessary.