

Case Number:	CM14-0192257		
Date Assigned:	11/25/2014	Date of Injury:	08/15/2013
Decision Date:	01/12/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 66 year old female with a work injury dated 8/15/13. The diagnoses include status post right knee arthroscopy partial medial meniscectomy; extensive medial condyle chondroplasty; extensive synovectomy on 4/30/14 for a meniscal tear; knee pain. Under consideration are requests for the medical necessity of acupuncture QTY: 12 and Norco 10/325mg QTY: 240. There is a 10/29/14 document that states that the patient reports completing all sessions of physical therapy. She had surgery on 4/30/14 and was released by her surgeon. The knee on medial side continues to hurt, but is a slight improvement. The pain is the worse when standing for too much time. Tolerance is about 1-2 hours before pain begins. She also complains she is feeling numbness in her right knee. The patient is walking 30 minutes every day. For the knee she is doing range of motion and hip abduction exercises every third day. She does daily light housework. Her current industrial medications include Norco 10/325mg one tablet every 8 hours as needed. The physical exam reveals that she is in no acute distress. The right knee reveals slight valgus deformity, surgical ports dosed. No limitation is noted in flexion, extension, internal rotation or external rotation. Tenderness on palpation: medial hamstrings tendon (+). No joint effusion noted McMurray's test is positive. There is gluteus medius weakness bilaterally. Dysesthesias are present over medial and posterior knee on the right side. The treatment plan includes a trial of acupuncture, walk daily 30 minutes, Tylenol as needed and advised patient it is better to wean off Norco; change hip abductor strengthening to emphasize gluteus medius rather than iliopsoas activation. There was a request for Tylenol 500mg po QID not to combine with more than 2 Norco per day and for acupuncture. The patient is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture QTY: 12 is not medically necessary as written per the MTUS guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of trial visits and therefore acupuncture quantity 12 is not medically necessary.

Norco10/325mg QTY: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80.

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

Decision rationale: Norco10/325mg QTY: 240 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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 MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS recommends the 4 A's for Ongoing Monitoring including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The documentation submitted reveals that the patient has been on long term opioids and has not yet returned to work. The documentation indicates that the treating physician recommends weaning of Norco. There is no documentation of a pain assessment as recommended above by the MTUS. At this point the provider recommends weaning Norco and taking Tylenol instead for pain. The request for the quantity of Norco 10/325mg # 240 would not be consistent with close monitoring and weaning off of this medication and therefore is not medically necessary.