

Case Number:	CM14-0085398		
Date Assigned:	07/23/2014	Date of Injury:	01/17/2013
Decision Date:	09/25/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/09/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 47-year-old man was reportedly injured on January 17, 2013. The mechanism of injury is noted as falling off a ladder. The most recent progress note, dated may six 2014, indicates that there are ongoing complaints of left knee pain with weakness radiating to the foot. There were also complaints of catching clicking and popping sensations. The physical examination demonstrated mild atrophy of the left quadriceps and tenderness over the medial and lateral joint lines of the left knee. Range of motion was from 8 degree to 125 degree. There was a positive McMurray's test and crepitus at the patellofemoral joint. Diagnostic imaging studies of the left knee showed moderate joint space narrowing and a marginal bone spur. Previous treatment includes a left knee meniscectomy and chondroplasty as well as steroid injections, viscosupplementation injections and oral medications. A request had been made for Lovenox and Norco/Percocet tablets and was not certified in the pre-authorization process on may 28th 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lovenox 40 mg SQ x 14 days: Upheld

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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601210.html>.

Decision rationale: Lovenox is a medication used to help prevent blood clots in individuals who are having a hip replacement, knee replacement, or stomach surgery. A review of the attached medical records does not indicate that the left knee surgery is scheduled or approved for the injured employee. Considering this, this request for Lovenox 40 mg SQ (subcutaneous) is not medically necessary.

Norco/Percocet tabs #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) and Percocet are short acting opiate medications indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco and Percocet is not medically necessary.