

Case Number:	CM14-0093614		
Date Assigned:	09/22/2014	Date of Injury:	03/02/2012
Decision Date:	10/21/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/20/2014

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 Texas. 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 injured worker is a 50 year old woman involved in a work related injury from March 2, 2012. The worker sustained a knee injury and had a surgical procedure from November 2013, which was an anterior cruciate ligament reconstruction procedure. Following surgery, the worker was treated with physical therapy. There was an evaluation from May 2, 2014 at which time the worker noted persistent knee pain. A home exercise program was advised. On July 17, 2014, the worker was discharged from care and declared to be permanent and stationary. The injured worker was using no pain medication at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/Codeine 300-30mg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

Decision rationale: The injured worker was having post operative care at the time of the review. The worker had likely been taking some analgesic medication for some time. Unfortunately, there is no indication by the treating provider that the medications were helping her. There was

no indication subjectively of decreased pain, decrease in visual analog scale scores, or any information about functional improvement with the use of the medication in question. A May 2, 2014 note states the injured worker was noted to have persistent knee pain. Given the available information, the request for the medications is not supported by treatment guidelines and is considered not medically necessary.