

Case Number:	CM14-0094704		
Date Assigned:	08/01/2014	Date of Injury:	09/03/2007
Decision Date:	06/12/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/23/2014

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. 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: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old female sustained an industrial injury back, left shoulder, bilateral wrist/hands and bilateral knees on 9/3/07. Previous treatment included magnetic resonance imaging, physical therapy, Synvisc injections, epidural steroid injections, psychiatric care and medications. Bilateral knee x-rays (5/14/13) showed degenerative joint disease. In a PR-2 dated 5/9/14, the injured worker reported that her right knee pain had increased since the last visit with throbbing and tightness. The injured worker reported that her right knee was buckling and giving way. The injured worker reported left knee improvement after recent Synvisc injection. The injured worker rated her pain 10/10 on the visual analog scale with medications. Documentation indicated that the injured worker had been prescribed Norco since at least November 2013. Current diagnoses included lumbar spine sprain/strain with disc protrusion, bilateral knee sprain/strain with degenerative joint disease, left shoulder impingement syndrome, anxiety and stress. X-ray of the right knee performed during the office visit revealed decreased joint space laterally with degenerative changes. The treatment plan included a surgical consultation for the left knee and lumbar spine and medications (Norco and Neurontin).

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. In this case the documentation doesn't support that the patient has re-injured his knee. He has had prior imaging of the knee with previous MRI and x-ray. The documentation doesn't support the medical necessity for repeat x-ray. The request is not medically necessary.

Norco 5/325mg, Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: Norco 10/325mg is a combination medication including hydrocodone and acetaminophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the documentation doesn't support that the patient has had a significant improvement in pain or functioning while taking this medication. The request is not medically necessary.