MAXIMUS Federal Services

Case Number:	CM15-0009740		
Date Assigned:	01/27/2015	Date of Injury:	10/17/2011
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/16/2015

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: California, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61-year-old male who reported an injury on 10/17/2011 due to an unspecified mechanism of injury. On 12/18/2014, he presented for a followup evaluation. He rated his pain at a 10/10 in the right knee with bending, prolonged weight bearing, and walking. The left knee was noted to be similar to the right, but less intense. It was noted that he had had a TKA with a separate physician a couple of years prior to the visit and that there were many complications. A physical examination showed that he had a noticeable limp with deranged gait. There was exquisite pain to palpation of the anterior medial knee at the pes anserine bursa on the right. Ranges of motion were decreased and painful at 0 to 90. There was tenderness to palpation of the anterior knee and medial knee and posterior knee with positive McMurray's and valgus on the right, and the anterior drawer was also positive. In the left knee, there was swelling around the left patella tendon and ranges of motion were decreased and painful at 0 to 90. There was tenderness to palpation of the anterior knee, inferior border of the patella, and medial joint line. Positive McMurray's sign and valgus caused pain, Clarke's was positive and patella tendon swelling and pain to palpation were noted. He was diagnosed with abnormality of gait, pes anserinus tendonitis/bursitis, right knee internal derangement, right knee pes anserinus tendonitis, left knee internal derangement, left patellar tendonitis, and status post surgery of the left knee. He was noted to be taking pain medications; however, it was not stated what medications he was taking. The treatment plan was for postoperative Norco 10/325 mg #60. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Norco 10/325mg #60: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be taking pain medications. However, further clarification is needed regarding what pain medications he was taking and if Norco was one of them. Without this information, the request would not be supported. Also, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.