

Case Number:	CM15-0011599		
Date Assigned:	01/29/2015	Date of Injury:	09/13/2012
Decision Date:	03/30/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/21/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Sports 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:

The injured worker is a 49-year-old male who reported an injury on 07/12/2012. The mechanism of injury was a fall while working in construction, he was carrying 50 pound bags of cement on his shoulders, tripped and fell down a hill injuring his neck, back, bilateral knees and left ankle. His diagnoses included status post right knee meniscectomy on 11/03/2014, and status post left knee meniscectomy in 07/2014. His medications include Norco 10/325 mg and naproxen. The injured worker has had 24 visits of chiropractic and 24 visits of acupuncture, 1 bilateral corticosteroid injection to the left and right knees on 03/14/2013. The injured worker states he is no longer feeling any pain in his left knee, he is 4 months postoperative left knee arthroscopy and meniscectomy. The injured worker stated he had received hernia surgery repair on 09/18/2014 and he was still experiencing pain from that. Diagnostic studies included an MRI of the right knee on 03/13/2014, MRI of the left knee on 03/13/2014. The treatment plan was for weight bearing as tolerated with full range of motion, work modifications, pain medications, physical therapy for 12 sessions for the right knee. Followup in 1 week for suture removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg, 60 count is not medically necessary. The California MTUS Guidelines state there are 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. Those domains include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug related behaviors. There was a lack of documentation regarding his objective functional improvement related to medication and there is a lack of drug screens, current CURES reviews, a pain contract that has been reviewed and signed. There is a lack of documentation regarding how much pain is related to his hernia surgery. The request does not include dosing instructions. The request for Norco 10/325 mg, 60 count is not medically necessary.

Follow up visit for left knee status post meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California MTUS guidelines state, the physician begins with an assessment of the presenting complaint and a determination as to whether there is a “red flag for a potentially serious condition” which would trigger an immediate intervention. Upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. If the patient continues to have pain that persists beyond the anticipated time of healing, without plans for curative treatment, such as surgical options, the chronic pain medical treatment guidelines apply. This provides a framework to manage all chronic pain conditions, even when the injury is not addressed in the clinical topics section of the MTUS. There is lack of documentation regarding the rationale for the visit, when the last visit took place, if there were red flags for potentially serious condition. As such, the request for followup visit for the left knee status post meniscectomy is not medically necessary.