

Case Number:	CM15-0115175		
Date Assigned:	06/23/2015	Date of Injury:	04/16/2012
Decision Date:	07/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/15/2015

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: Massachusetts

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 59-year-old male, who sustained an industrial/work injury on 4/16/12. He reported initial complaints of left knee pain. The injured worker was diagnosed as having s/p total knee arthroplasty, right knee 2004, strain/sprain of right knee, medial meniscal tear of left knee. Treatment to date has included medication, diagnostics, exercises, and cold modalities. MRI results were reported on 1/12/15 and noted osteochondral injury of the medial tibial plateau with undersurface fraying of the medial meniscus. Currently, the injured worker complains of bilateral knee and low back pain. Per the primary physician's progress report (PR-2) on 3/4/15, exam notes trace effusion, marked tenderness to palpation of the medial joint line and tenderness of the patellofemoral region, range of motion is 0-120 degrees, McMurray's maneuver is positive for pain medially, mild crepitus with range of motion, strength 4/5, and ambulation is with a walking stick. The requested treatments include Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Opioids, ongoing management Page(s): 63, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in April 2012 and continues to be treated for low back and bilateral knee pain. When seen in January 2015, the requesting provider had prescribed Norco the month before. The assessment references Norco as effective after 15 minutes and lasting for 2-4 hours. When seen, Norco had been continued. There is no documentation of the claimant's response to its continued prescribing. There was antalgic gait with use of an assistive device. There was crepitus with range of motion and positive McMurray's testing. There was medial joint and patellofemoral tenderness with a joint effusion. He had decreased knee extension strength. Knee arthroscopy was planned. Norco was refilled. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is continuing to provide decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.