

Case Number:	CM15-0115992		
Date Assigned:	06/24/2015	Date of Injury:	04/18/2013
Decision Date:	08/12/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/16/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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:

The injured worker is a 31 year old male, who sustained an industrial injury on April 18, 2013. The injury occurred when the injured worker and a co-worker were moving a metal beam while on ladders. The metal beam fell and struck the medial aspect of the injured workers right knee. The diagnoses have included right contusion/sprain with occult internal derangement, right knee pain, left knee over-compensation injury and resolved internal derangement of the right knee. Treatment to date has included medications, radiological studies, MRI, knee brace, physical therapy and a home exercise program. Current documentation dated May 12, 2015 notes that the injured worker was scheduled for right knee surgery on May 15, 2015 which was cancelled due to improvement. The injured worker was able to move freely and easily and ride a bike, but continued to have right knee pain. The injured worker was noted to have returned to work with no restrictions. The injured worker reported bilateral knee pain with associated numbness and tingling in the bilateral feet. The pain was rated a 5/10 on the visual analogue scale with rest and a 10/10 with activity. Examination of the right knee revealed mild local tenderness on the medial aspect of the knee and a full range of motion. The injured worker was noted to be able to fully squat and hop on the right leg without too much discomfort to the right knee. The treating physician's plan of care included a request for Norco 10/325 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life. In this case the injured worker was noted to have continued right knee pain. Additionally, documentation did not include review and documentation of pain relief, appropriate medication use, and side effects. However, the documentation notes that the injured worker had functional improvement, indicated by being able to ride a bike, fully squat and work without restrictions. In addition, the injured workers right knee surgery was canceled due to his functional improvement. Therefore, the request for Norco 10/325 mg # 60 is medically necessary.