

Case Number:	CM15-0119526		
Date Assigned:	06/30/2015	Date of Injury:	09/06/2013
Decision Date:	08/05/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/22/2015

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: Family Practice

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 36 year old male, who sustained an industrial injury on September 6, 2013. The injured worker was diagnosed as having old disruption of anterior cruciate ligament and stiffness of joint not elsewhere classified lower leg. Treatment to date has included surgery, physical therapy and medication. A progress note dated May 19, 2015 provides the injured worker complains of right knee. He had anterior cruciate ligament (ACL) reconstruction and physical therapy but is still experiencing catching of the knee. Physical exam notes decreased range of motion (ROM) with crepitus and popping. There is a request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic R knee pain. This was the result of a work-related injury dated 09/06/2013. The medical diagnoses included R knee contusion, medial meniscus tear, and damage to the R knee ACL. The patient underwent surgical reconstruction of the ACL of his right knee on 12/26/2014. He receives post-operative PT. This review addresses a request for Norco 10/325 mg refills. Norco 10/325 mg contains 10 mg of hydrocodone, an opioid. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function while taking the medication, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with is not medically indicated.