

Case Number:	CM15-0120387		
Date Assigned:	07/01/2015	Date of Injury:	03/01/2013
Decision Date:	08/04/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/23/2015

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: Preventive Medicine, Occupational 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 47 year old female who sustained an industrial injury on 3/1/13. The diagnoses have included chronic left knee myoligamentous sprain/strain; status post left knee arthroscopy and revision, and left knee progressive osteoarthritis. Treatment to date has included medications, activity modifications, off work, orthopedic consult, bracing, icing and physical therapy. Currently, as per the physician progress note (PR-2) dated 5/7/15, the injured worker complained of increasing left knee pain and doing poorly. It is also noted that she has had 12 sessions of physical therapy, icing, bracing and anti-inflammatory medication without success or relief. The current medications were not listed. The physical exam revealed that she was in moderate distress and there was global tenderness about the left knee. The physician noted that x-rays of the left knee and tibia show progressive osteoarthritis. The actual report was not noted in the records submitted for review. The physician requested treatments included MR (Magnetic resonance) Arthrogram left knee and Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR (Magnetic resonance) Arthrogram left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1) American College of Radiology (ACR) Appropriateness Imaging Criteria for Acute Trauma to the Knee, 2008, Last Reviewed 2013, 2) American College of Radiology (ACR) Appropriateness Imaging Criteria for Non-traumatic Knee Pain, 1995, Last Reviewed 2012.

Decision rationale: Magnetic resonance imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. Magnetic resonance arthrography (MR-A) consists of the direct puncture of the joint and intraarticular injection of diluted gadolinium or saline solution. The MR-A allows for better imaging of articular and meniscus knee pathology when compared to MRI imaging, thus allowing the patient to avoid unnecessary diagnostic arthroscopy and allows for better therapeutic planning. According to the American College of Radiology there is no indication for knee MR-A in the non-traumatic knee and no indication for a repeat knee MR-A in acute trauma. The MTUS does not comment on the use of this diagnostic procedure. This patient had an injury to his knee 2 years ago and conservative treatments have not been effective. The provider requested the MR-A to look for causes of internal knee derangement. This follows the indications for this test as noted above. The request is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120 mg/day of hydrocodone. The risk with chronic opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of these medications. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. This is the crux of the decision for use of this medication in this patient. There is no documentation in the records submitted for review that first-line medications for chronic pain, such as anti-depressants or anti-epileptic drugs, have been tried. Additionally, the provider has not documented beneficial effects of decreased pain or increased function from use of this medication. Considering all the above, the request is not medically necessary.

