

Case Number:	CM15-0124963		
Date Assigned:	07/14/2015	Date of Injury:	12/05/2012
Decision Date:	08/18/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/29/2015

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, North Carolina

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 64-year-old female who sustained an industrial injury on 12/05/2012. The injured worker was diagnosed with right knee medial meniscus tear. The injured worker is status post right shoulder surgery in May 2013. Treatment to date has included diagnostic testing with recent right knee magnetic resonance imaging (MRI) in April 2015, conservative measures, and steroid injections to the right knee, physical therapy and medications. According to the primary treating physician's progress report on June 1, 2015, the injured worker continues to experience right knee pain rated as 8/10 on the pain scale. Examination demonstrated tenderness with crepitation on range of motion. Flexion was documented at 90 degrees and lacks 5 degrees extension. Spasm of the calf musculature was decreased. Current medication is noted as Hydrocodone 10/325mg. Treatment plan consists of right knee arthroscopy for medial meniscectomy repair and the current request for post-operative medications for Norco 10/325mg, Tramadol ER 150mg and Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-78, 88 and 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The request is for Norco 10/325 mg #60 for use post-operatively following a knee arthroscopy. Norco is a short-acting analgesic indicated for moderate to severe pain. Its use is warranted in the post-operative phase; however, the request for #60 is not necessary since the patient will have a follow-up appointment to determine the necessity and dosage of continued opioids.

Anaprox 550mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The request is for post-operative Anaprox in a patient undergoing knee arthroscopy. MTUS Guidelines state that Anaprox is an NSAID indicated for the treatment of osteoarthritis. The records do not demonstrate a diagnosis of osteoarthritis. Also, given that the provider is requesting Norco and Tramadol for post-op pain, there is no clinical indication for Anaprox and it is deemed not medically necessary.

Tramadol HCL (hydrochloride) ER (extended release) 150mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78, 88 and 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: In this case, the request is for Tramadol in addition to Norco for post-operative pain following a knee arthroscopy. While post-operative opioids are clearly indicated for pain, there is no rationale provided for why a synthetic opioid (Tramadol) and an opioid (Norco) are being prescribed concurrently. In a 64 year-old patient, opioids should be prescribed in a step-wise fashion to achieve analgesia with the fewest medications and lowest dose possible. Therefore, the request for Tramadol is deemed not medically necessary.