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| Case Number: | CM15-0126809 | | |
| Date Assigned: | 07/13/2015 | Date of Injury: | 12/07/2010 |
| Decision Date: | 08/13/2015 | UR Denial Date: | 05/26/2015 |
| Priority: | Standard | Application Received: | 06/30/2015 |

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: Physical Medicine & Rehabilitation, Pain Management, 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 male, who sustained an industrial injury on 12/07/2010. He reported injuries to his lower back and right lower extremity. Treatment to date has included medications, epidural shots, physical therapy, acupuncture and back surgery. Medications prescribed during the course of his treatment have included topical analgesics, anti-inflammatories, muscle relaxants and narcotic analgesics. According to a progress report 05/06/2015, the injured worker continued to have significant right knee pain and dysfunction with clicking, popping, catching and occasional giving way. Physical examination demonstrated right knee ranges of motion were within normal limits, tender patellar facets, tender joint lines and pain on knee flexion. Range of motion was 0 degrees to 140 degrees. Negative Lachman's and negative Drawer were noted. Varus and Valgus stress test was negative. McMurray's was positive. Diagnoses included right knee pain and dysfunction, right knee mechanical symptoms and right knee medial meniscus tear. The provider noted that the injured worker had failed a lengthy course of conservative care including a long course of physical therapy, anti-inflammatories, home exercise program and steroid injection which gave temporary relief of his pain. Recommendations included right knee arthroscopy with partial medial meniscectomy. Authorization was requested for right knee arthroscopy with partial medical meniscectomy, preoperative clearance, lab work, chest x-rays, EKG, postoperative physical therapy, crutches, polar care unit rental and Norco 5/325 mg #40 for post-op use. Currently under review is the request for Norco 5/325 mg quantity 40. Documentation dating back to 12/09/2014 showed that the injured worker was utilizing Norco at that time. An authorization request for baseline urine toxicology testing was submitted at that time also. Urine toxicology screens were not submitted for review. There was no discussion of an opioid agreement or CURES reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg Qty 40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is no functional improvement attributable to the reduction in pain provided by them. The medical records do not describe any meaningful functional improvement due to the use of opioids. The ongoing use of opioids does not adhere to MTUS 2009 in this situation and is not medically necessary.