

Case Number:	CM15-0126879		
Date Assigned:	07/13/2015	Date of Injury:	08/22/2013
Decision Date:	08/07/2015	UR Denial Date:	06/23/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old woman sustained an industrial injury on 8/22/2013. The mechanism of injury is not detailed. Diagnoses include right knee chondromalacia. Treatment has included oral medications and hip to leg stretches. Physician notes dated 4/29/2015 show complaints of unchanged right knee pain rated 7/10 and low back pain rated 6/10 with radiation to the bilateral feet. Recommendations include right knee surgery, post-operative Norco, Cyclobenzaprine, Naproxen, Ondasetron, Pantoprazole, and follow up for evaluation 7-20 days before surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p76-80 Page(s): 76-80.

Decision rationale: The claimant sustained a work injury in August 2013 and continues to be treated for right knee and radiating low back pain. When seen, she was having ongoing low back and right knee pain. Physical examination findings were unchanged from the previous examination where there had been patellar and medial joint line tenderness with decreased strength and decreased and painful range of motion. Diagnostic knee arthroscopy was planned. Norco was prescribed prior to surgery for postoperative pain. In this case, Norco was prescribed prior to the claimant's undergoing the planned procedure. Criteria for the use of opioids include an assessment of pain and response to non-opioid analgesic medications. When requested, the claimant was not taking any opioid medication. Without assessing pain following the procedure, predicting a need for opioid medication would not be possible. Prescribing Norco prior to undergoing the planned procedure was not medically necessary.