

Case Number:	CM15-0129326		
Date Assigned:	07/16/2015	Date of Injury:	08/29/2014
Decision Date:	08/11/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/02/2015

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: Arizona, 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 19 year old male, who sustained an industrial injury on 8/29/2014. The mechanism of injury was not noted. The injured worker was diagnosed as having internal derangement of the left knee with locked knee and possible early complex regional pain syndrome left knee. Treatment to date has included diagnostics and medications. Currently, the injured worker complains of severe pain and swelling about his left knee. He reported developing compensatory injuries to his right knee and low back because he could not bear weight. He indicated that Percocet had been giving him abdominal distress. Exam of his left knee noted inability to extend beyond 30 degrees and flexion beyond 40 degrees, and marked medial sided pain. The knee was otherwise unable to be examined due to pain. The treatment plan included left knee arthroscopy and post-operative medications, including Norco, Tramadol or Tramadol ER, Anaprox, and Keflex. His work status remained total temporary disability. A follow-up progress report (6/11/2015) noted that Percocet 7.5 mg three times daily was inadequate and activities of daily living were in jeopardy. He reported at times using medicinal marijuana to palliate pain. Urine toxicology on 4/28/2015 was positive for Oxycodone and cannabinoids and on 4/07/2015 was positive only for cannabinoids. Urine toxicology on 2/20/2015 was negative for all tested substances and inconsistent with prescribed medications. The progress report (5/12/2015) noted that Percocet would be discontinued and he may use Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 60, related to left knee surgery: 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): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet previously. No one opioid is superior to another. In addition, prior urine screens were inconsistent. Pain score reduction leveled with prior Percocet use was not noted at this visit before switching to Norco. The request for Norco is not medically necessary.

Tramadol 50mg quantity 60 OR Tramadol Hydrochloride 150 quantity 30 related to left knee surgery: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol
Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain but there was no mention of NSAID failure for the claimant's knee pain. The claimant had not improved with Percocet. No one opioid is superior to another. There were inconsistent toxicology results. The request for Tramadol is not medically necessary.