

Case Number:	CM15-0062213		
Date Assigned:	04/08/2015	Date of Injury:	02/16/2011
Decision Date:	05/14/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/01/2015

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:

This 49 year old male sustained an industrial injury to bilateral knees and low back on 2/16/11. Previous treatment included magnetic resonance imaging, right knee surgery times two, physical therapy, injections, knee brace, cognitive behavioral therapy, transcutaneous electrical nerve stimulator unit, heat/cold and medications. In a PR-2 dated 2/20/15, the physician noted that the injured worker ambulated with a cane. Physical exam was remarkable for tenderness to palpation along the patella and knee joint lines with limited range of motion and positive McMurray's test. Magnetic resonance imaging left knee showed a meniscus tear. Current diagnoses included internal derangement of bilateral knees and discogenic lumbar condition. The treatment plan included left knee surgery, left knee x-ray and medications (Naproxen Sodium, Norco, Nalfon, Ultracet, Effexor SR, Trazadone) and a transcutaneous electrical nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 67, 71, 75, 78, 114, 118, and 123.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical records report no documentation of pain relief with opioid pain medication use or objective improvement in function and ADLs. Additionally, there is no recent urine toxicology results provided for review. The request for Norco 10/325 mg #60 is determined to not be medically necessary.