

Case Number:	CM15-0077644		
Date Assigned:	04/29/2015	Date of Injury:	09/25/2004
Decision Date:	05/28/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/23/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 was a 37 year old male, who sustained an industrial injury, September 25, 2004. The injured worker previously received the following treatments right knee arthroscopic surgery for meniscal tear in 2007, right knee MRI, right knee injections, Methadone, Norco, Abilify, Prozac and right knee brace. The injured worker was diagnosed with chronic pain, right knee pain, depression, anxiety, chondromalacia patella, patellar tendinitis, joint effusion, status post meniscectomy changes in the medial meniscus and chronic insomnia. According to progress note of January 26, 2015, the injured workers chief complaint was severe throbbing right knee pain. The injured worker was unable to ambulate without a hinged right knee brace. The injured worker rated the pain at 4 out of 10 with medication and 9 out of 10 without pain medication; 0 being no pain and 10 being the worse pain. The physical exam noted a very swollen right knee with decreased range of motion. The stability testing revealed laxity in excess in all planes. The right lower extremity was cold to touch. The treatment plan included prescription renewal for Norco, Prozac and Ability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Norco.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 37 year old male has complained of knee pain since date of injury 9/25/04. He has been treated with surgery, injections, physical therapy and medications to include opioids since at least 09/2013. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.