

Case Number:	CM15-0091649		
Date Assigned:	05/15/2015	Date of Injury:	10/01/2011
Decision Date:	06/23/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/11/2015

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: Emergency 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 60 year old male who sustained an industrial injury on 10/01/2011. On provider visit dated 04/28/2015 the injured worker has reported ongoing right knee pain. On examination bilateral knees were noted to have a decreased range of motion. And right knee was noted to have well healed arthroscopic portals and was painful to palpation at the medial superior portal area. Left knee was noted to have positive McMurrey's and medial joint line tenderness. The diagnoses have include left knee complex tear; lateral meniscus, mild bilateral knee osteoarthritis, right knee recurrent lateral meniscus tear, right knee recurrent posterior horn medial meniscal tear and status post right knee arthroscopy 01/06/2015. Treatment to date has included mediation physical therapy for right knee and right knee arthroscopy on 01/06/2015 and per documentation the injured worker will undergo a left knee arthroscopy on 06/01/2015. The injured worker was noted to remain off work. The provider requested Norco 5/325 mg #60 for symptom management.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The patient's injury occurred in October of 2011. He sustained a complex meniscus injury with arthroscopy performed on 1/06/2015. The request is for opioid therapy for continued use. The MTUS guidelines state that for ongoing opioid use there is a requirement of not only pain relief but functional gains seen. There is inadequate documentation of pain relief and functional gains demonstrated with Norco use. The guidelines state the following: "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000)" Therefore the request is not medically necessary. relief but functional gains seen. There is inadequate documentation of pain relief and functional gains demonstrated with Norco use. Therefore the request is not medically necessary.