

Case Number:	CM13-0025141		
Date Assigned:	11/20/2013	Date of Injury:	11/07/2012
Decision Date:	01/21/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 28-year-old male who sustained a work related injury on 11/07/2012. The patient's medications include Ultram ER 100 mg. The most recent primary treating physician's progress report dated 11/04/2013 documented subjective complaints of ongoing pain of the right knee with walking, standing, walking up and down stairs, and prolonged sitting. Physical examination revealed tenderness to palpation and pain with patellar compression. The treatment plan consisted of recommendation of diagnostic right knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-OP Hydrocodone APAP 5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

Decision rationale: The request for post-op hydrocodone/APAP 5/325 mg #60 is not supported. The clinical information submitted for review lacks documentation that the patient underwent surgery. Therefore, there is no indication for the requested medication. As such, the request for post-op hydrocodone/APAP 5/325 mg #60 is non-certified.

