

Case Number:	CM13-0031000		
Date Assigned:	12/04/2013	Date of Injury:	05/04/2011
Decision Date:	02/11/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/02/2013

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 Occupational Medicine 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 56-year-old man status post injury of May 4, 2011 patient had a arthroscopic labral repair in August 2011. The patient has a long-standing history of pain in the right knee as well as left rotator cuff tendonopathy. He also has cervical, lumbar, thoracic degenerative arthritic changes in his spine. The patient was referred for knee surgery after the date of this request. The patient is diagnosed with osteoarthritis of the knee as well as rotator cuff disorder. It appears this is the initial request for opioid medications and subsequent reports after the denial did not indicate he had taken the medications and did not show any functional improvement at that time. It appears the medication is to treat the knee that has osteoarthritis. It is an initial request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/ APAP 10/325 #90 (retrospective DOS 5/13/13): 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): 80.

Decision rationale: There is no documentation that the patient had used any other medications prior to opioid use, including NSAIDs or APAP. Guidelines indicate that this medication is not of first-line therapy. There were no contraindications to NSAIDs in the current documentation. There is evidence of hepatitis and fatty liver disease, a possible contraindication to opioid medications. Therefore this medication is not recommended as first-line therapy guidelines, it is not necessary.