

Case Number:	CM13-0040389		
Date Assigned:	12/20/2013	Date of Injury:	05/06/2009
Decision Date:	03/20/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/19/2013

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 has a subspecialty in Pulmonary Diseases 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 reported an injury on 05/06/2009. The mechanism of injury was stated to be that the patient tripped over a large extension cord. The most recent documentation indicated that the patient had right hip and right knee surgery. The surgical date was 03/02/2012 for a right total hip revision and a right knee arthroscopy, partial medial meniscectomy and medial femoral condyle and trochlear chondroplasties on 01/23/2012. The patient indicated that she was taking Norco and MS Contin to control the pain. She further indicated that the pain management doctor was not filling the medications. The request was made for a medication refill. The patient's diagnoses were noted to include a closed dislocation of hip, unspecified site; right hip pain; medial meniscus tear on the right; osteoarthritis of the right knee; knee pain; developmental hip dysplasia; essential hypertension, benign; overweight; effusion of pelvic joint; and a right hip labral tear. The medications were noted to include Norco 10/325 and MS Contin 30 mg tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablet 325/10mg-acetaminophen + hydrocodone bitartrate #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Medications for Chronic Pain,page 60, Ongoing Managem.

Decision rationale: The California MTUS Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of an objective decrease in the VAS score, objective functional improvement, evidence that the patient is being monitored for aberrant drug behavior and documentation of side effects. The clinical documentation submitted for review failed to indicate the above recommendations. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for Norco tablet 325/10 mg acetaminophen plus hydrocodone bitartrate (Quantity: 120.00) is not medically necessary.

MS Contin tablet 30mg-morphine sulfate #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Medications for Chronic Pain, page 60, Ongoing Manage.

Decision rationale: The California MTUS Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of an objective decrease in the VAS score, objective functional improvement, evidence that the patient is being monitored for aberrant drug behavior and documentation of side effects. The clinical documentation submitted for review failed to indicate the above recommendations. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for MS Contin tablet 30 mg morphine sulfate (Quantity: 60.00) is not medically necessary.