MAXIMUS Federal Services

Case Number:	CM13-0043282		
Date Assigned:	12/27/2013	Date of Injury:	11/20/2006
Decision Date:	02/13/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/22/2013

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 Family Practice, has a subspecialty in Pain Management 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:

47 yr. old male claimant sustained an injury on 11/20/06 that resulted in chronic knee pain. A subsequent fall in 2012 resulted in a torn medial meniscus which required surgery on 10/25/12. He has also undergone therapy and home exercises . A progress note on 1/9/13 indicated the claimant had continued pain which was treated with Celebrex and a knee replacement was considered. Persistent buckling of the knee resulted in a left knee replacement on 8/1/13. A progress note on 9/23/13 noted that there was still some bursal tenderness and the claimant was to remain off of work with continued therapy. He was placed on hydrocodone for pain at 7.5/325 mg and on 10/1/13 a request was made to continue hydrocodone 7.5/325 mg # 80.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 7.5/325mg #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-92.

Decision rationale: According to the MTUS guidelines: Initiating Therapy (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-

release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. (e) If partial analgesia is not obtained, opioids should be discontinued. On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. In this case, the claimant was refilled a 7.5 mg dose of hydrocodone. There is no documentation of the initial prescriber or of documentation of failure on a lower dose such a 5mg. As a result, hydrocodone at 7.5 mg is not medically necessary.