

Case Number:	CM13-0062234		
Date Assigned:	12/30/2013	Date of Injury:	01/27/2012
Decision Date:	04/11/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/06/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/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 66-year-old male who reported an injury on 01/27/2012. The mechanism of injury occurred when the patient's knee was caught in a truck step. Review of the medical record reveals the patient's diagnoses include status post left knee arthroscopic surgery on 11/18/2012; status post right knee arthroscopic surgery; mild patellofemoral chondromalacia, bilateral knees; and advanced degenerative arthrosis to medial compartment of the left knee; moderate degenerative arthrosis of the medial compartment right knee. Review of the clinical note dated 11/11/2013 revealed the patient complained of aching and throbbing pain in the right and left knees that were always present, greater on the left side than the right. The patient states the pain progresses into a sharper pain with standing and walking activities, and the pain radiates to the left groin and testicular area. He does not note tingling and swelling of the bilateral knees with weakness and instability of bilateral knees as well, which give out when descending stairs. The patient states that his symptoms are alleviated with rest, over-the-counter medications, Bengay, and wrapping his knees. Objective findings upon examination revealed the patient had a slow shuffling gait. He was able to get up and down for the examining table without assistance. Inspection of the knees revealed normal alignment, no erythema, no warmth noted to either side. There was no effusion affecting either knee; however, there was some soft tissue swelling about both knees. There was pain and tenderness upon patellofemoral pressure bilaterally, with mild crepitus in the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg, #80 between 11/20/2013 and 1/4/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Expert Reviewer's decision rationale: It is noted in the medical record that the patient stated his pain and symptoms were alleviated with the use of over-the-counter medications, Bengay, wrapping his knees, and rest. It is noted in the clinical note dated 10/08/2013 that the patient was given a prescription for Norco 10/325 without a frequency, and that the patient required refills for unspecified medications. It is unknown as to whether or not the prescription for the Norco 10/325 was in fact a refill or a new order. However, there is no documentation in the medical record after the prescription was given of any ongoing documentation of pain relief with the use of the medication. Per California MTUS Guidelines it is stated that there should be ongoing documentation of pain relief with the use of an opioid to treat pain. As the patient stated in the clinical note dated 11/11/2013 that his symptoms were alleviated with the use of over-the-counter medications, Bengay topical cream, wrapping of his legs, and rest; and there is no documentation in the medical record of the patient's pain relief with the requested medication. Therefore, the medical necessity for the requested medication cannot be determined at this time. As such, the request for 80 tablets of hydrocodone 10/325 between 11/20/2013 and 01/04/2014 is non-certified.