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| Case Number: | CM13-0062629 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 09/24/2007 |
| Decision Date: | 03/24/2014 | UR Denial Date: | 11/12/2013 |
| Priority: | Standard | Application Received: | 12/06/2013 |

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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 36 year old male injured worker with date of injury 9/24/07 with related left knee pain. He is diagnosed with lateral compartment arthrosis status post arthroplasty, and left medial compartment pain. He underwent a left lateral compartment arthroplasty on 2/28/11. The exam on 9/19/13 showed the incision was well healed. It was hypersensitive. He had good extension with 4+/5 strength at 0 degrees. He flexed to 130 degrees with 5/5 hamstring strength. There was no instability. He did have 3 cm of atrophy of the left thigh relative to the right measured 10 cm proximal to the superior pole of the patella. With direct palpation at the anteromedial joint line, he had severe pain. At the incisions, approximately midway, there was a palpable mass that caused him pain. It appeared to be a knot of a Tycron stitch. A 3/8/13 evaluation suggests that he may have CRPS as he does present with temperature differential and hair growth abnormalities, qualifying for two of the three required signs of CRPS. He also describes color and swelling as two additional symptoms, though those were not observed upon exam. Treatment to date has included medications including Ambien, Norco, Soma, ibuprofen; exercise program; cane; acupuncture; TENS unit; valgus heel wedge. The date of Utilization Review decision was made on 11/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal that there is no documentation to support the medical necessity of Norco nor any documentation addressing the 4 A's' domains, which is a recommended practice for the on-going management of opioids. Additionally, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. The request is not medically necessary.