

Case Number:	CM13-0071131		
Date Assigned:	01/08/2014	Date of Injury:	07/01/2009
Decision Date:	06/02/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 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:

Injured worker is a male with date of injury 7/1/2009. Per primary treating physician's progress report, the injured worker notes aching pain in his right knee and left hip rated at 8/10 without medications and 5-6/10 with medications. He reports that he is approximately 80% improved. He is capable of walking for 15 minutes, standing for 20 minutes, and sitting for approximately 30 minutes. He also notes his sleep is 4-5 hours and he continues to be tired, moody, and depressed. He reports that he is utilizing hydrocodone as prescribed. He denies any adverse effects. On exam his gait is antalgic, using cane for ambulation. He has mild tenderness to palpation over the trochanteric bursa bilaterally. There is increased pain of his right hip with range of motion, especially with internal and external rotation. Right knee has painful patellofemoral crepitus throughout. There is positive McMurray's test on the right knee, creating medial joint line pain. Left knee has painful patellofemoral crepitus. Diagnoses include 1) right knee lateral meniscus tear 2) right knee chondromalacia patella.

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, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning Of Medications Section Page(s): 74-95; 124.

Decision rationale: The primary treating physician prescribed Norco 10/325 mg to be used twice per day as needed. The treatment plan is to use no more than two tablets per day, stating that the injured worker is weaning from the medication, with the anticipation that he will likely discontinue its use on follow-up in six weeks. The injured worker has been using more than two tablets per day in the post-operative period, but has been able to wean down as tolerated. The injured worker is being treated chronically with opioid pain medications, but has been prescribed a weaning regimen with the anticipation that he will not require continuous opioid pain medication. The injured worker reports an improvement in his symptoms with the use of the opioid pain medication. The guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. The prescribing physician is doing this, with the emphasis on physical therapy and home exercise program, and a plan to wean the opioid pain medication use. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request is for a weaning treatment. The request for hydrocodone/APAP 10/325 mg #90 is determined to be medically necessary.