

Case Number:	CM14-0007219		
Date Assigned:	02/12/2014	Date of Injury:	02/01/2008
Decision Date:	07/11/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/20/2014

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:

The patient is a 61-year-old male who has submitted a claim for other internal derangement of knee associated with an industrial injury date of February 1, 2008. The patient complains of low back and chronic left knee pain with compensatory right knee pain. Physical examination showed tenderness of the right knee joint lines and left knee lateral line; limitation of motion of the lumbar spine and bilateral knees; one plus right knee edema; left knee clicking and locking; left calf spasms; hypesthesia of the left knee; and positive provocative maneuvers of the lumbar spine and bilateral knees. The diagnoses include left knee internal derangement; status post left total knee replacement; compensatory right knee internal derangement; knee sprain/strain; and lumbar sprain/strain. The treatment plan includes a request for hydrocodone 10/325mg twice daily (bid) #60. The treatment to date has included oral and topical analgesics, anti-epileptic drug (AED), sedatives, antide-pressants, bilateral knee surgeries and physical therapy. A utilization review from January 3, 2014 modified the request for hydrocodone 10/325mg #60 to #25 to wean off completely. This is because there is little to no objective evidence of improved functioning and pain with this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10-325MG #25 TO WEAN OFF COMPLETELY: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids Page(s): 79.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that discontinuation of opioids may be done if there is no overall improvement in function, unless there are extenuating circumstances. In this case, an appeal for the modification of hydrocodone 10/325 mg twice daily (bid) #60 was made on January 14, 2014 stating that hydrocodone provided 30% improvement of the patient's pain with maintenance of activities of daily living (ADLs) such as self-care and dressing. The medical necessity for continued opioid use was established. Therefore, the request for Hydrocodone 10-325mg #25 to wean off completely is medically necessary.