MAXIMUS Federal Services

Case Number:	CM14-0009130		
Date Assigned:	01/29/2014	Date of Injury:	02/17/1998
Decision Date:	07/11/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/07/2014

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 Anesthesiology, 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 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:

This 46 year-old female is with a 2/17/1998 date of injury. The exact mechanism of injury was not described. On 10/21/13, the left knee is swollen and tender all around, flexion painful. Exam of right knee: swollen, tender, flexion painful and crepitus positive. Lumbar spine exam: spasm is present, sensory exam abnormal. Diagnostic impression: Sciatica, Disc degeneration and Chronic pain syndrome. Treatment to date: visco supplementation to the knee, activity modification and medication management. A UR decision dated 12/10/13 denied the request for Hydrocodone because CA MTUS does not recommend long-term Opioids and there is not documentation or rationale about the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF HYDROCODONE/APAP 10/325MG, #240 (20 DAY SUPPLY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (For Chronic Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia. There is no evidence of lack of adverse side effects or aberrant behavior. In addition, there is no documentation of urine drug screen, CURES monitoring or an updated opiate pain contract. CA MTUS requires clear and concise documentation to support on-going opiate management. In addition, this request for 240 tablets is for a 20-day supply, which would equal 12 tablets a day. This is excessive and would put the patient at risk for an acetaminophen toxicity. Therefore the request for Pharmacy Purchase for Hydrocodone/APAP 10/325mg, #240 (20 day supply) was not medically necessary.