MAXIMUS Federal Services

Case Number:	CM14-0009601		
Date Assigned:	02/03/2014	Date of Injury:	03/23/1990
Decision Date:	07/28/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/24/2014

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 57-year-old female who has submitted a claim for right knee joint arthropathy and osteoarthritis, posttraumatic calcification tendonitis patella tendon, right knee, posttraumatic chondromalacia of the patellofemoral compartment of the right knee, status post arthroscopic surgery and right knee post-surgical changes and meniscal degeneration, associated with an industrial injury date of March 23, 1990.Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of persistent right knee pain and and left knee pain which has developed over the years due to overcompensation for her right knee injury. Physical examination revealed patellar and Achilles tendon reflexes were positive bilaterally. Active and passive straight leg raise tests were positive bilaterally at 30 degrees with 3+ pain. Patient was unable to extend the right knee. There was decreased flexion in bilateral knees, right greater than left. Stiffness with radiculopathy of bilateral lower extremities was noted. Treatment to date has included arthroscopic surgery x 2, steroid injections, hyalgan inejctions, acupuncture, medications, which include Hydrocodone 20mg, Flexeril 5mg, Gabapentin 100mg, Cymbalta 60mg and Diclofenac 75mg.Utilization review from January 9, 2014 modified the request for Hydrocodone 20mg without acetaminophen QTY: 840 to Hydrocodone 20mg without acetaminophen QTY: 50 because discussion with respect to weaning, change in medications, orientation, functionality, and benefit have not been documented. There was also no documentation of benefit derived, functional improvement related to this drug or pain contract provided in the documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 20 MG WITHOUT ACETAMINOPHEN QUANTITY: 840: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless 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. 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. In this case, records indicate that the patient has been on pain medications for over 20 years although the exact date of initiation of opioids is not known. Specific measures of analgesia and functional improvements, such as improvements in activities of daily living were not documented. There was also no documentation of adverse effects or aberrant behaviors. Guidelines suggest discontinuation of opioids if there is no overall improvement in function, and such is the case of the patient. Additional information is needed as guidelines require clear and concise documentation for ongoing management. Furthermore, the previous UR approved 50 units of Hydrocodone 20mg in order to facilitate weaning. The requested quantity of 840 is excessive and is incompatible with planned weaning. Therefore, the request for HYDROCODONE 20 MG WITHOUT ACETAMINOPHEN QUANTITY: 840 is not medically necessary.