

Case Number:	CM14-0106264		
Date Assigned:	07/30/2014	Date of Injury:	11/23/2005
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine & Rehab and is licensed to practice in Texas & Ohio. 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 injured worker is a 61-year-old female who reported injury on 11/19/2005. The mechanism of injury was not documented in submitted reports. The injured worker has diagnoses of cervical disc bulges, C5-6 and C6-7, upper extremity overuse tendinitis, ganglion cysts to bilateral wrists, thoracic disc bulges, lumbar facet arthropathy, right knee pes bursitis, status post right knee arthroscopy, moderate knee arthrosis, left greater than the right, and status post left knee arthroscopic lateral meniscectomy and chondroplasty, done on 03/25/2009. Past treatment for the injured worker includes a home exercise program, physical therapy, Synvisc injections bilateral knees, thoracic ESIs, lumbar ESIs, and medication therapy. The injured worker has had an MRI of the L4-5 to the left side NFS. The injured worker is postop right knee arthroscopy with partial lateral meniscectomy, chondral debridement of the tibia, micro fracture of the lateral femoral condyle, and synovectomy on 11/13/2006, and status post left knee arthroscopic lateral meniscectomy and chondroplasty on 03/25/2009. The injured worker complained of her lumbar spine and bilateral knee pain. The injured worker stated that it was an aching pain in the neck. She also complained of a stabbing, burning, and aching pain in her mid-back, low back, and bilateral knees. The injured worker rated her pain at an 8/10. The injured worker stated that she was taking the Vicodin, which seems to be helping. The physical examination dated 06/24/2014 revealed that the injured worker's lumbar spine reflected no kyphosis/scoliosis deformity. There was tenderness in the paraspinal musculature of the lumbar region. There was midline tenderness also noted in the lumbar spine. There was tightness in the paralumbar musculature. Muscle spasms were positive over the lumbar spine. Sensory testing with a pinwheel was normal, except for decreased pin sensation in the foot dorsum and posterolateral calf. There was also decreased L5-S1 dermatome sensation. Motor examination by manual muscle test was normal, except for grade IV plantar flexor and toe extensor. Waddell's signs were negative.

Examination of the knees bilaterally revealed that there was severe tenderness in the medial and lateral aspect. There was crepitus, no laxity, and swelling present as well. Motor strength revealed, of the left side knee, a flexion of -4/5 and extension was 3/5. Medications include Restoril 30 mg to be taken daily at bedtime and hydrocodone 7.5 mg to be taken every 6 hours. The treatment plan is for the injured worker to receive another lumbar epidural injection. She received 1 in the thoracic spine about 04/2014. The injured worker is also to continue taking her hydrocodone 7.5/325 mg. The provider feels that the medication is helping the injured worker manage her pain levels. The Request for Authorization Form was submitted on 01/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5/325mg #90 with 2 refills: Upheld

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

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

Decision rationale: The request for Hydrocodone 7.5/325mg #90 with 2 refills is not medically necessary. The injured worker stated that it was an aching pain in the neck. She also complained of a stabbing, burning, and aching pain in her mid-back, low back, and bilateral knees. The injured worker rated her pain at an 8/10. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that the lowest possible dose should be prescribed to improve pain and function. An ongoing review should include documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors and use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control should also be documented. The submitted report lacked any evidence of medication control. There was no documentation stating the intensity of pain after taking the medication, how long it took to relieve pain, and how long the pain relief lasted. There was also no evidence documented as far as side effects and/or physical and psychosocial functioning. The submitted report also lacked any evidence of the medication helping with any functional deficits the injured worker might have had. The submitted report did include results for urinalysis done on 12/17/2013 and 04/17/2014, showing that the injured worker was in compliance with the MTUS. Furthermore, the submitted request did not specify a frequency for the requested medication. As the injured worker is not in compliance with all MTUS Guidelines for opioids, the request for Hydrocodone 7.5/325mg #90 with 2 refills is not medically necessary.