

Case Number:	CM14-0012184		
Date Assigned:	02/21/2014	Date of Injury:	08/14/2008
Decision Date:	06/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/30/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant is a 66 year old woman with date of injury of 8/14/2008. The patient has ongoing and progressive knee pain related to degenerative joint disease. She has failed to improve with physical therapy and medication management and is awaiting total knee replacement. She is using hydrocodone-APAP 7.5/325 mg up to twice daily for management of pain while awaiting surgery. The request is for ongoing use of the opioid therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 7.5/325MG #180: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HYDROCODONE/ACETAMINOPHEN,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 2, 74-89

Decision rationale: CA MTUS describes appropriate use of opioid therapy in management of chronic pain including ongoing assessment of the underlying diagnosis, documentation of efficacy and side effects of opioid therapy, any other medication therapies and any other non

pharmacologic treatments. The medical record in this case outlines disease progression, accounting for the increase in pain, and documents the response to opioids and other non pharmacologic therapies. The underlying degenerative joint disease has progressed to a point that total knee replacement is required. The request for ongoing opioid therapy is to bridge the time period until such surgery can be performed. In this case, there is clear documentation of progression of the underlying disease state and a plan for definitive surgical intervention. The opioid therapy is well documented to improve overall pain, relative to no opioid therapy, even though pain has progressed as the disease has progressed. The use of Hydrocodone/Apap 7.5/325mg #180 to manage pain until total knee replacement is performed is medical necessary and is approved.