

Case Number:	CM14-0019087		
Date Assigned:	04/23/2014	Date of Injury:	05/29/2012
Decision Date:	07/03/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/14/2014

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 Practice 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 injured worker is a 60 year old female injured on 05/29/12 while unloading a van resulting in knee pain. Current diagnoses include left knee sprain status post 10/11/12 left knee arthroscopy, partial medial lateral meniscectomy, and postoperative osteonecrosis of the left knee with rapid progression of osteonecrosis to bone on bone. The documentation indicates the injured worker initially attended physical therapy and utilized pain medications and antiinflammatory medications post-injury. The injured worker reported continued knee pain following surgical intervention with subsequent right knee pain from limping. Documentation indicates the left knee swells continuously in addition to pops and crunches. The injured worker utilizes a sleeve brace on her left knee due to buckling and weakness. The injured worker complains of soreness in her neck, back, and bilateral hips from limping on her left knee. She utilizes a cane at all times. Physical assessment reveals tenderness to the right and left lower lumbar spine, right bilateral sacroiliac area, reflexes are 0 to 1+ and symmetrical, sensation diminished in the left lateral thigh, and Waddell's test is appropriate. Physical examination of the knee revealed increased fluid on the left knee and tenderness at the medial joint line. The injured worker has undergone 3 Cortisone shots with temporary relief. Current medications include Hydrocodone/Acetaminophen 7.5/325mg. The documentation indicates the injured worker was placed on Hydrocodone 7.5/325mg on 12/19/13 in place of Vicoprofen. The initial request for Hydrocodone/Tylenol 7.5/325mg #360 was non-certified on 02/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/TYLENOL 7.5/325MG, #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Pain Treatment Agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Hydrocodone/Tylenol 7.5/325mg, #360 cannot be established at this time. Therefore, the request is not medically necessary.