MAXIMUS Federal Services

Case Number:	CM14-0019683		
Date Assigned:	04/28/2014	Date of Injury:	08/11/2003
Decision Date:	07/08/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/18/2014

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 Medicine and is licensed to practice in Florida. 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 70 year old male who reported an injury on 08/11/2003. The mechanism of injury was not provided in the clinical documentation submitted. The clinical noted dated 01/28/2014 reported the injured worker complained of severe knee pain, with a painful wrist, and cardiac arrhytmia's. The physical exam noted unstable total knee arthroplasty, swelling of the knee, antalgic gout, the provider also noted wrist with a postitve Tinel's and Phalen's. The injured worker had diagnoses of lumbar degenerative disc disease, post operative right carpal tunnel release, left carpal tunnel syndrome, and failed total knee replacement arthroplasty due to cardiac arrhythmia's. The injured worker underwent a urine drug screen which was consistent with their prescribed medication regimen on 01/28/2014. The provider requested Hydrocodone/APAP 10/325, # 120 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG, #120 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-79.

Decision rationale: The injured worker complained of severe knee pain, with a painful wrist and cardica arrhythmia's. The California MTUS guidelines recommend an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also note the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication or if the injured worker had pain relief, or an increase in his functional ability. The requesting physician did not include an adequate and complete assessment of the injured workers pain. Therefore, the request for Hydrocodone/APAP 10/325 mg, # 120 with 2 refills is not medically necessary and appropriate.