

Case Number:	CM14-0130877		
Date Assigned:	09/08/2014	Date of Injury:	05/17/2005
Decision Date:	10/03/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/15/2014

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 Orthopedic Surgery 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 claimant is a 58-year-old gentleman who was injured on 05/17/05. The clinical records provided for review note complaints on 07/01/14 of left knee pain that limits activity. Objectively, examination revealed a well healed scar, zero to 100 degrees range of motion, 5-/5 strength, but no signs of instability or mechanical findings. The claimant's working assessment was status post left total knee arthroplasty in 2008 with residual "arthralgia. The documentation indicates current medication use includes Norco and Ketoprofen. There is no documentation of recent imaging findings. This request is for continued use of Hydrocodone.

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, qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use Page(s): 76-80.

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment Guidelines, the request for continued use of Hydrocodone cannot be supported. The medical records do not document that the claimant is receiving any benefit from Hydrocodone. The Chronic Pain

Guidelines recommend that the use of short acting narcotic analgesics needs to provide functional benefit and improvement as manifested by advancement of activities and work function. At this point in time, based on the claimant's date of injury, 2005, and the fact his surgery was performed six years ago, and the absence of documentation of benefit from the medication, the request to continue Hydrocodone cannot be recommended as medically necessary.