MAXIMUS Federal Services

Case Number:	CM14-0131731		
Date Assigned:	08/20/2014	Date of Injury:	03/19/2012
Decision Date:	10/03/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 49-year-old male who reported an injury on 03/19/2012 after coming off a ladder; he slipped causing his right leg to go to one side. The clinical note dated 08/21/2014, indicated diagnoses of osteoarthritis unspecified, pain in joint lower leg, and tear medial meniscus knee. The injured worker reported he received the Synvisc injection #3. The clinical note dated 07/03/2014, indicated the injured worker felt a little better since the first injection. The injured worker's treatment plan included minimizing squatting, kneeling and climbing, and return for follow-up for re-examination in 4 weeks. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included Norco and Orudis. The provider submitted a request for Norco. The Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP tab 10-325 mg #60 (15 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids, When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, and Opioids, criteria for use Page(s): 91, 78.

Decision rationale: The request for Hydrocodone/APAP tab 10-325 mg #60 (15 day supply) is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status and evaluation of risk for aberrant drug use behaviors and side effects. Furthermore, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.