

Case Number:	CM14-0152776		
Date Assigned:	09/23/2014	Date of Injury:	12/27/2005
Decision Date:	10/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/18/2014

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 Occupational 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:

Patient is a 50-year-old female who has submitted a claim for status post excision of bursa, anterior aspect of the left knee, status post left knee arthroscopy, status post left trigger thumb release, status post left carpal tunnel release, status post right trigger thumb release, right knee internal derangement, patellofemoral chondritis of both knees, and lumbosacral pain associated with an industrial injury date of 12/27/2005. Medical records from 2013 to 2014 were reviewed. Patient complained of bilateral knee pain and weakness of both hands. Physical exam showed minimal triggering of the right thumb. Range of motion of the cervical and lumbar spine was limited. Tenderness was noted at both knees. Ballottement test was positive at both knees. Treatment to date has included bursectomy of the left knee, left knee arthroscopy, left trigger thumb release, left carpal tunnel release, right trigger thumb release, orthotics, physical therapy, and Norco (since 2013). Utilization review from 8/22/2014 denied the request for Pharmacy purchase of Hydroco/APAP 5-300mg #60 because parameters for treatment monitoring were not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Hydroco/apap 5-300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen is likewise not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Pharmacy purchase of Hydroco/APAP 5-300mg #60 is not medically necessary.