

Case Number:	CM14-0174970		
Date Assigned:	10/28/2014	Date of Injury:	02/05/2008
Decision Date:	12/04/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/22/2014

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 Interventional Spine, 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 patient is a 56 year old female with an injury date on 02/05/2008. Based on the 01/31/2014 progress report provided by [REDACTED], the diagnoses are: 1. Primary localized osteoarthritis, lower leg 2. Orthopedic aftercare According to this report, the patient complains of bilateral knee pain that is dull, sharp, tenderness, throbbing and constant. "Episodes occur in the morning, in the afternoon, in the evening and at night." Exam of the left lower extremity reveals joint swelling, genu varum and joint effusion 1+. Tenderness is noted over the medial femoral condyle, PM joint line, medial joint lines, and posterior joint lines. Exam of the right lower extremity reveals joint swelling, genu varum and joint effusion 1+. Tenderness is noted over the medial joint line. Anterior Drawer test, Patella-Femoral crepitation, Mc Murray's, and Flexion Pinch are positive. Pain is noted with weight bearing activity and with flexion/extension of knee. The patient's treatment history includes left knee scope 2009, right knee scope 2000, right ankle ORIF, and synvisc injections. There were no other significant findings noted on this report. The utilization review denied the request on 09/27/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/26/2013 to 01/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Hydrocodone/APAP 5/325mg #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 01/31/2014 report by [REDACTED] this patient presents with bilateral knee pain that is dull, sharp, tenderness, throbbing and constant. The treater is requesting Hydrocodone/APAP 5/325mg #20 but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 01/31/2014 and the utilization review letter in question is from 09/27/2014. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Hydrocodone/APAP was first mentioned in the 09/27/2013 report; it is unknown exactly when the patient initially started taking this medication. In this case, none of the reports show documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specific ADL's, return to work are discussed. There are no opiate monitoring such as urine toxicology or CURES. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, recommendation is for denial.