

Case Number:	CM14-0021937		
Date Assigned:	05/09/2014	Date of Injury:	08/17/2007
Decision Date:	07/10/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/21/2014

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 Management and is licensed to practice in California and Nevada. 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 44 year old male who is reported to have sustained injuries to his right knee on 08/17/06. The mechanism of injury is described as performing usual duties as a truck driver while tying down a load, he slipped and fell off sustaining an injury to his right knee. The injured received conservative care and returned to work. He subsequently sustained a 2nd injury to the right knee. He is noted to have been in therapy for approximately a year and was subsequently taken to surgery on 12/13/07. It is reported that postoperatively, he had a poor outcome. The injured worker reports continued knee pain and low back pain. The records indicate that his weight is approximately 350 lbs. He has chosen to ambulate with a wheelchair. Per the clinical note dated 02/17/14, the injured worker has been prescribed Norco, Tramadol, and Omeprazole. His pain levels are reported to be 9-10/10 and 8/10 with medications. He has complaints of right knee pain with clicking, popping, and giving out. He reports chronic low back pain with numbness down both extremities. Examination of the lumbar spine is grossly unremarkable. Deep tendon reflexes are absent bilaterally at both the patella and Achilles tendons. Sensation is diminished in the feet medially. Motor strength is intact. On examination of the right knee, there is decreased active range of motion. Flexion is to 115 degrees. Extension is to 150. He has a positive McMurray's maneuver, both medially and laterally. The record includes a utilization review determination dated 01/23/14 in which requests for Hydrocodone/APAP 5/325 #30 with five refills was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE-APAP 5-325MG #30 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The submitted clinical records indicate that the injured worker has a history of chronic right knee pain and low back pain. The records indicate that the injured worker has been on Hydrocodone/APAP 5/325 for an extended period of time. There are subjective reports in the clinical record in which the injured worker reports he has had no benefit from his oral medications. Additionally, it would be noted that VAS scores are reported to be 9/10 and reduced to 8 with medications. The injured worker is already receiving the medication Tramadol and therefore there is no data provided which would indicate that the injured worker requires Hydrocodone/APAP 5/325. Additionally, it would be noted the record did not provide any data regarding a signed pain management contract or routine urine drug screening to assess compliance. As such, the request would not meet CA MTUS Guidelines for continued use and is therefore not medically necessary. The request for Hydrocodone/APAP 5/325mg #30 with five refills is not supported as medically necessary.