

Case Number:	CM14-0029470		
Date Assigned:	06/20/2014	Date of Injury:	09/16/2004
Decision Date:	07/17/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	03/07/2014

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 Medicine 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 37 year old female who was injured on 09/16/04 due to an undisclosed mechanism of injury. Current diagnoses include overuse synovitis of the right knee. Clinical note dated 08/26/13 indicates the injured worker presented complaining of right knee pain developed for the past few weeks mainly in the most medial aspect. Physical examination revealed full range of motion and tenderness in the medial joint line. The injured worker was provided injection of 40mg of Medrol and 4cc of Marcaine. Treatment plan include prescribing of medication; however, a list of those medications were not provided for review. Injured worker was status post right knee partial medial meniscectomy, synovectomy, chondroplasty on 05/07/05. The initial request for hydrocodone/acetaminophen tab 7.5/750mg #120 was initially non-certified on 01/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydocodone/APAP tablet 7.5/750 mg, QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 77.

Decision rationale: Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Hydcodone/APAP tablet 7.5/750 mg, quantity: 120 cannot be established at this time.