

Case Number:	CM14-0034783		
Date Assigned:	06/20/2014	Date of Injury:	02/21/2001
Decision Date:	08/19/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 51 year old female who reported an injury on 02/21/2001 after hyperextending her knee while performing normal job duties. The injured worker's treatment history included physical therapy, activity modifications, and medications. The injured worker was evaluated on 01/24/2014. The injured worker's medications were listed as Naproxen, Prilosec, Tramadol, Norco, and Ambien. Physical objective findings included diminished sensation of the posterior thigh, leg, and great toe bilaterally. The injured worker's diagnoses included osteoarthritis of the right knee, a right knee tear of the lateral meniscus, status post surgical intervention of the right knee, a musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, disc bulging at the L5-S1, and severe bilateral facet hypertrophy. The injured worker's treatment plan included continuation of medications and an inversion table for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Medication Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration. However, no evidence of significant pain relief or functional benefit resulting from medications was provided. Additionally, there is no documentation that the patient is regularly monitored for aberrant behavior. Therefore, continued use of this medication would not be indicated in this clinical situation. Additionally, the request as it is submitted fails to identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary or appropriate.