

Case Number:	CM14-0037735		
Date Assigned:	06/25/2014	Date of Injury:	06/02/1998
Decision Date:	07/28/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/28/2014

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 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 58-year-old male injured on 6/2/1998. The mechanism of injury is not specified but the injured worker is noted to have a knee injury. The claimant underwent a right total knee arthroplasty on 12/6/2012. The most recent progress notes dated 2/25/2014 and 5/27/2014, indicate that there are ongoing complaints of intermittent right knee pain, swelling and weakness. Physical examination demonstrated ROM 0-105 degrees; stable in extension and mid-flexion; 0+ anterior drawer; no effusion or tenderness. Plain radiographs show stable implant in good position [REDACTED]. Current medications include Meloxicam 7.5 mg. A request had been made for Hydrocodone/APAP 5/500 MG #30 and was not certified in the utilization review on 2/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Hydrocodone/APAP tablets 5/500mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: Chronic Pain Medical Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain after surgery. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status and side effects. The claimant underwent right knee surgery in December 2012 and complains of intermittent mild right knee pain. As such, this request is not considered medically necessary.