

Case Number:	CM14-0040146		
Date Assigned:	06/27/2014	Date of Injury:	04/08/2012
Decision Date:	08/19/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/04/2014

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 records presented for review indicate that this 36-year-old male was reportedly injured on April 8, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated April 2, 2014, indicates that there are ongoing complaints of low back pain, left knee pain and left elbow pain. The physical examination demonstrated tenderness to the lower rib cage, the lateral aspect of the left elbow and the medial and lateral joint lines of the left knee. Regarding the lumbar spine there was tenderness along the lumbar paraspinal muscles and muscle spasms were present. There was decreased lumbar spine range of motion and a positive bilateral straight leg raise test. Lumbar epidural steroid injections were recommended. Diagnostic imaging studies of the left knee reported an avulsion fracture of the tibial tuberosity at the insertion of the patellar tendon along with super patellar bursitis and a mild knee joint effusion. Previous treatment includes a cortisone injection. A request had been made for Hydrocodone and was not certified in the pre-authorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone (Noeco) APAP 10/325 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78 of 127.

Decision rationale: Hydrocodone is a short-acting opioid combined with acetaminophen. The Chronic Pain Medical Treatment Guidelines supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. 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, appropriate medication use and side effects. The injured employee has chronic pain; however, none of the recent progress notes indicate any objective improvement in pain control or the ability to function with the current medication regimen. As such, this request for Hydrocodone is not medically necessary.