

Case Number:	CM14-0046434		
Date Assigned:	07/02/2014	Date of Injury:	09/08/2010
Decision Date:	08/22/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/14/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 59-year-old gentleman was reportedly injured on September 8, 2010. The mechanism of injury is noted as a fall. The most recent progress note, dated June 12, 2014, indicates that there were ongoing complaints of left lower extremity pain. The physical examination demonstrated a slow antalgic gait. There was decreased range of motion of the left knee. Diagnostic imaging studies of the left knee showed a probable anterior cruciate ligament (ACL) tear. Imaging of the lumbar spine showed a disc protrusion at L3/L4, a right lateral disc bulge at L4/L5, and a disc osteophyte complex at L5/S1. Previous treatment includes an arthroscopic medial and lateral meniscectomy, and abrasion arthroplasty of the medial tibial plateau performed on July 26, 2013, Euflexxa injections, physical therapy, knee braces, and a lumbar spine epidural steroid injection. A request was made for hydrocodone/acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325mg TA # 176 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78.

Decision rationale: Hydrocodone/acetaminophen is a short-acting opioid combined with acetaminophen. The California MTUS 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, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for hydrocodone/acetaminophen is not medically necessary.