MAXIMUS Federal Services

Case Number:	CM14-0047298		
Date Assigned:	07/02/2014	Date of Injury:	04/04/2006
Decision Date:	10/09/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/15/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 54 year old male who reported injury on 04/04/2006. The mechanism of injury was a 15 foot fall. Diagnoses included multiple traumatic injuries, depression, opioid dependence, multilevel lumbar disc disease, multilevel cervical disc disease, and left wrist pain. The past treatments noted appropriate supportive counsel and medications for depression. Diagnostic studies included x-rays of the bilateral tib/fib, left ankle, cervical spine, chest, and bilateral knees, CT scan of the bilateral lower extremities and chest, and MRIs of the cervical and lumbar spines. Surgical history noted open reduction internal fixation of the right lower leg in 2006, right total knee replacement in February 2007, with revision in 2010, and open reduction internal fixation of the left lower leg in 2006. The progress note, dated 05/21/2011 (There was no more recent documentation provided.), noted the injured worker complained of constant right knee pain, persistent left knee pain, aching in the right lower leg, low back pain and stiffness, intermittent left wrist pain, bilateral ankle pain, and neck pain, rated 5-9/10. The physical exam revealed antalgic gait with use of a cane, impaired range of motion to the neck and spine, attributed to guarding, and slightly reduced right knee reflex with swelling. Medications included Norco 10/325mg four tablets per day, Oxycontin 20mg twice daily, Lexapro 10mg daily, and Welbutrin one daily. The treatment plan requested a psychiatric evaluation to evaluate his psychiatric and emotional issues, and noted the injured worker's condition to be permanent and stationary, and further noted future medical care should include opioid and non-opioid medications, and another right knee arthroscopy with post-operative rehab. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Date of Service: 11/09/13 - Hydrocodone 10/325mg #120 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone,Hydrocodone/Acetaminophen, Pain Outcomes and.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78, 88-89..

Decision rationale: The retrospective request for date of service 11/09/2013, hydrocodone 10/325mg #120 with 1 refill is not medically necessary. The injured worker had multiple traumatic injuries with pain, impaired range of motion to the neck and spine attributed to guarding, and slightly reduced right knee reflex with swelling, on 05/21/2011. The California MTUS guidelines recommend opioids for long term management of chronic pain only when pain and functional improvements are documented. Pain should be assessed at each visit, and functioning should be measured using a numerical scale or validated instrument. Adverse side effects, and aberrant drug taking behaviors should also be assessed. The records provided left a gap in documentation from 05/21/2011 through the retrospective date of service. The documentation provided failed to note the improvement of pain, significant objective functional improvement, the absence of side effects, or aberrant behavior, with the use of Norco for pain. There was no indication of the injured worker's condition at the time of the request, or in the 2.5 years prior. The continued use of hydrocodone was not supported. Therefore, the request is not medically necessary.