

Case Number:	CM14-0047466		
Date Assigned:	07/02/2014	Date of Injury:	04/04/2006
Decision Date:	08/22/2014	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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 54 year-old male with a date of injury of 04/04/06. The only progress report (medical record) included was dated 05/11/11. It identified subjective complaints of bilateral knee pain, neck and low back pain, and headaches. Objective findings included swelling of the right knee. Neurological function was normal. Diagnoses included opioid dependence; cervical disc disease; lumbar disc disease; and previous lower extremity trauma. Treatment has included previous ORIF, knee replacement, and oral analgesics. A Utilization Review determination was rendered on 04/07/14 recommending non-certification of retroactive Hydrocodone 10/325mg, #120, for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retroactive hydrocodone 10/325mg, #120, for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Hydrocodone/Acetaminopen; pain outcomes and Endpoints; Steps to Take Before a Therapeutic Trail of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Hydrocodone is classified as an opioid analgesic. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. The Guidelines also state that with chronic low back pain, opioid therapy appears to be efficacious, but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. Additionally, there is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007). In this case, the only record is not recent, there is no description of the level of pain relief, and no documentation of the other elements of the pain assessment referenced above for necessity of therapy beyond 16 weeks, where the evidence is otherwise unclear. Therefore, there is no documented medical necessity for Hydrocodone 10/325.