MAXIMUS Federal Services

Case Number:	CM14-0055191		
Date Assigned:	07/18/2014	Date of Injury:	04/04/2006
Decision Date:	10/01/2014	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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 an injury on 04/04/2006. The mechanism of injury was not provided within the medical records. The clinical note dated 04/08/2014 indicated diagnoses of bilateral knee pain status post left knee fracture, status post internal fixation, status post right knee fracture, status post open reduction and internal fixation and total knee arthroplasty x2, opioid medication management status post completion of pain management agreement, and status post discussion of risk benefits and goals of opioid medication management. The injured worker reported continued pain over both knees. The injured worker reported left knee pain rated 1- 2/10 with medication management the right knee pain is 4/10 with medication management. The injured worker planned to consult with his knee surgeon for the right knee. The injured worker reported he had already undergone 2 knee replacements over the right knee. The injured worker reported he utilized Norco 4 times per day. The onset of action was 20 to 30 minutes and the duration of action was approximately 4 to 5 hours, but varied with his activities while the pain reduction was approximately 50% functionally. The injured worker reported he was able to walk several blocks and was able to maneuvers stairs with medication management. Without medication management, he was able to walk approximately to 2/3rd less. He was able to put on his socks independently with some difficulty. There had been no side effects with medication management. On physical examination, the injured worker had multiple long surgical incision scars. The injured worker's right knee was swollen in comparison to the left. The injured worker's right knee was warmer than the left. The injured worker was tender to palpation. The injured worker's right knee extension strength was 4/5 and he was unable to fully extend the right knee. The injured worker's treatment plan included his opioid medication. In 1 month, the injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen

included Norco and Cymbalta. The provider submitted a request for hydrocodone. Request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Hydrocodone 10/325 mg #60 Refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. It was not indicated the injured worker tried a first-line treatment such as gabapentin. In addition, it was not indicated if the injured worker has signed an opioid agreement. Moreover, the provider did not indicate a rationale for the request. Furthermore, the request does not indicate a frequency. Additionally, the request does not indicate a date for the retro. Therefore, the request for Retro Hydrocodone 10/325 mg #60, refills 2 is not medically necessary.