

Case Number:	CM14-0064349		
Date Assigned:	07/11/2014	Date of Injury:	08/19/2000
Decision Date:	09/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/07/2014

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 Occupational 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 application for independent medical review was signed on May 7, 2014. The service that was denied or modified was hydrocodone/APAP 5/325 number 100. There was an April 9, 2014 note indicating that the medicine was denied. The reviewing physician noted that the patient was an 80-year-old employee who slipped on chicken grease and fell injuring her right knee, right upper extremity and the low back 14 years ago. She was seen on February 4, 2014, noting she still had low back pain and right knee pain 14 years post injury. There was reportedly reduced range of motion to the back and the knee. No other documentation was present. The request was for the hydrocodone. There was a handwritten PR-2 from June 24, 2014 that was not completely legible. The diagnoses were lumbar disc disease, lumbosacral arthritis, and knee arthritis syndrome. It appeared that the medicines prescribed were Motrin and Norco at this point in care. The patient will also do a home exercise program. There was a PR-2 from February 4, 2014. The treatment plan was hydrocodone and daily exercises. The doctor describes there is a slight pain in the lower back in the right knee. Pharmacy invoices were also provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/ APAP 5/325, 100 count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision , Web Edition; Official Disability Guidelines, Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88 of 127.

Decision rationale: In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for Hydrocodone/ APAP 5/325, 100 count, is not medically necessary or appropriate.