

Case Number:	CM14-0067283		
Date Assigned:	07/11/2014	Date of Injury:	12/09/2013
Decision Date:	08/28/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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 and Rehabilitation 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 52-year-old-female sustained an industrial injury on 12/09/2013. The injured patient has worked as a deputy sheriff for [REDACTED], where she fell and injured her left knee. She has difficulty in standing, sitting, reclining, bending, pushing/pulling, walking and climbing stairs. Physical examination revealed that the left knee has mild visible swelling, tenderness to palpation of intrapatellar varus/algus pressure-laxity in both directions, very stiff with extension at 5 degrees, unable to flex more than 20 degrees and she ambulate with crutches. She was off-work for a few months and attending physical therapy. The patient reports that she had surgical repair of the torn ACL, left knee two year and has been doing well. She has hardware anchor in the knee from this repair. There was tenderness over right sciatic notch. The patient is to continue Omeprazole 20 mg, Hydrocodone/APAP 5/325 mg, and Ibuprofen 800 mg. The patient has no drug allergies. X-ray of the left knee dated 04/15/13 Impression: Two views of the left knee demonstrates postsurgical changes. There is no acute fracture or dislocation. There is mild medial compartment joint space narrowing. X-ray of lumbar spine dated 05/17/12 Impressions: 1. S-shaped scoliosis. 2. Anterior wedging of thoracolumbar spine at all junction could represent changes due to underlying osteoporosis. 3. Postcholecystectomy-related changes. Diagnoses are left knee chondromalacia of the patella. Left knee status post prior ACL reconstruction. Musculoligamentous sprain of the lumbar spine with lower extremity radiculitis. Compression fracture of L1 and L2. Disc bulge L3-4 and L4-5. Spondylolisthesis, L4-5. UR determination for prospective usage of Hydrocodone/APAP 5/325mg #30 is denied due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Hydrocodone/Apap 5/325mg #30: Upheld

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

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

Decision rationale: Hydrocodone is indicated for moderate to severe pain. It is classified as a short-acting opioids, which is often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, which are known to be effective for treatment of moderate to severe pain and symptoms. In addition, there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no documentation of any significant improvement with prior use. The medical documents do not support continuation of opioid pain management. Therefore, the request for Hydrocodone/Apap 5/325mg #30 is not medically necessary.