

Case Number:	CM14-0072823		
Date Assigned:	07/16/2014	Date of Injury:	11/24/2012
Decision Date:	09/19/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/19/2014

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 Nevada. 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 records presented for review indicate that this 47 year old female was reportedly injured on November 24, 2012. The mechanism of injury is undisclosed. The most recent progress note, dated December 3, 2013, indicates that there are ongoing complaints of left knee pain. The physical examination demonstrated well healed portals from prior surgery, minimal inflammation and no signs of infection, and range of motion of the left knee was limited by pain. Diagnostic imaging studies of the left knee revealed a joint effusion and a popliteal cyst. An MRI of the left shoulder revealed supraspinatus tendinosis. Previous treatment includes a left knee arthroscopy and chiropractic care. A request was made for Hydrocodone and was not certified in the preauthorization process on May 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Use of Opioids; and the MTUS: NSAIDs GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: Hydrocodone is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for hydrocodone 5/325 mg #60 is not medically necessary.