

Case Number:	CM14-0073873		
Date Assigned:	07/16/2014	Date of Injury:	06/21/2010
Decision Date:	08/18/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/21/2014

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 45 year old male with the date of injury on 6/21/10, who sustained patella fracture, status post arthroscopy of left knee and open reduction, and internal fixation (ORIF) of left patella fracture (9/2/10), and left knee arthroscopy with patellofemoral arthroplasty and synovectomy (11/8/13). On 6/10/14, he reported pain in the left knee and also swelling, popping, and clicking. The range of motion of the left knee was Flexion 110, Extension 170. There was small effusion and diffuse tenderness. The request for Norco 10/325mg was previously denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #60 (5 day supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab), Opioids Page(s): 51,74-80.

Decision rationale: Per guidelines, Hydrocodone is indicated for moderate to severe pain. It is classified as a short-acting opioids, 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). In this case, there is no documentation of any significant improvement in pain or function with prior use. Additionally, the medical records do not establish failure of non-opioid analgesics, such as non-steroidal anti-inflammatory drugs or acetaminophen, which are also known to be effective for treatment of moderate to severe pain and symptoms. There is no mention of ongoing attempts with non-pharmacologic means of pain management. Therefore, the medical necessity of request for hydrocodone/APAP10/325mg # 60 has not been established, therefore is not medically necessary.