

Case Number:	CM14-0081824		
Date Assigned:	07/18/2014	Date of Injury:	09/28/2005
Decision Date:	09/24/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/03/2014

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 Louisiana. 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:

This is a 64-year-old female who sustained injury on 09/28/2005. The mechanism of injury is unknown. Past treatment includes medications, physical therapy, ice, injections, and acupuncture. Surgical history includes right knee replacement in April 2012. Medication treatment includes Norco, Docuprene, Hydrocodone/APAP, and Gabapentin. Urine toxicology report dated 01/13/2014 indicates the results were consistent with Hydrocodone, Norhydrocodone, and Hydromorphone. The results were inconsistent with alpha-hydroxyalprazolam. A progress report dated 04/08/2014 indicates patient presented for follow-up of low back and right lower extremity symptoms. She was very frustrated that the authorization for TF ESI continues to be denied. She states she has had no change in her symptoms since her last visit. She reports her low back pain at 5/10 on the pain scale. She is currently taking gabapentin 600 mg per day and Norco as needed basis. She denies side effects to the medications at this time. Current medication includes Norco, Docuprene and gabapentin. On physical exam of lumbar spine, there was pain with extension, decreased sensation on the right L4, L5, and S1 nerve roots. A positive SLR on the right at 60 degrees is causing pain to the foot. Motor exam was limited by pain on right side. The patient is tender to palpation in paraspinal musculature. Right knee exam showed scar over the right knee, well healed without any signs of infection. Noted was decreased range of motion (ROM), 5-/5 strength in quadriceps and hamstrings. No instability of the right knee. Left knee exam showed decreased range of motion of the left knee with crepitus. No instability of the left knee. No sign of infection. Diagnoses included status post right knee replacement in April 2012, left knee chondromalacia patella, lumbar spine facet arthropathy and radiculopathy. The UR dated 05/09/2014 indicates the request for hydrocodone/APAP 10/325 mg #120 with refills was non-certified because there is lack of a sustained improvement in pain and a sustained improvement in function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg Qty 120 with refills: 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 Page(s): 76-94.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Hydrocodone is recommended for short term use only for moderate to moderately severe pain. There are no supporting documents showing any sustainable improvement in pain or improvement in function with this medication. Therefore, Hydrocodone/APAP 10/325mg is not medically necessary.