

Case Number:	CM14-0082171		
Date Assigned:	07/21/2014	Date of Injury:	03/19/2004
Decision Date:	12/19/2014	UR Denial Date:	05/27/2014
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 Internal 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 patient is an injured worker who is status post bilateral knee surgeries. The mechanism of injury was trip and fall. Date of injury was 03-19-2004. Past medical history is significant for hypertension, gastroesophageal reflux disease, knee osteoarthritis, left knee arthroscopy 2004, left knee total knee arthroplasty 2005, left knee revision arthroplasty 2010, left knee second revision arthroplasty 2013, and right knee total arthroplasty 2006. Left knee lateral collateral ligament reconstruction with allograft and peroneal nerve decompression was performed on 1/17/14. The patient had post-operative (PT) physical therapy. The physical therapy note dated 4/24/14 documented subjective complaints of left knee pain. The patient had completed twelve physical therapy visits. Objective findings included knee pain. The patient reported 90% improvement in her left leg. The patient reported occasional knee pain. She has no limitations with the left lower extremity. She is able to independently walk. The patient reported right knee pain. Norco (Hydrocodone/Acetaminophen) 10-325 mg quantity #80 was requested 4/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP TAB 10-325 MG DAYS 7 QUANTITY: 80: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 47-48, 346-347, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of Opioids is not recommended for knee conditions. The physical therapy (PT) note dated 4/24/14 documented that the patient reported 90% improvement in her left leg. She has no limitations with the left lower extremity. She is able to independently walk. Norco (Hydrocodone/Acetaminophen) 10-325 mg quantity #80 was requested 4/23/14. The supporting physician (MD) progress report were not submitted for review. The submitted medical records do not support the 4/23/14 request for Norco (Hydrocodone/Acetaminophen) 10-325 mg. Therefore, the requested medication HYDROCODONE/APAP TAB 10-325 MG DAYS 7 QUANTITY 80 is not medically necessary.