MAXIMUS Federal Services

Case Number:	CM14-0095988		
Date Assigned:	07/25/2014	Date of Injury:	06/15/2012
Decision Date:	09/09/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/24/2014

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 & 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 44-year-old male who reported injury on 06/15/2012. The mechanism of injury was not documented in submitted report. The injured worker has diagnoses of left degenerative arthritis in the knee, left Chondromalacia of the patella, left tear lateral meniscus of the knee, obesity NOS, and left Chondromalacia not patellar. The injured worker's past medical treatment includes physical therapy and medication therapy. Medications include Naproxen 1 tablet 2 times a day, Norco 10/325 one tablet 3 times a day, Cyclobenzaprine 10 mg 1 tablet 2 times a day, Flexeril 10 mg 1 tablet 3 times a day, Naprosyn 500 mg 2 times a day, Hydrocodone/APAP 10/325. A drug screen was submitted on 06/12/2014 revealing that the injured worker was positive for heroin metabolite. Results were unexpected. The injured worker had arthroscopic anterior knee surgery on 08/01/2013. The injured worker complained of left knee pain. There were no descriptions of pain or measurable pain levels documented in submitted report. Physical examination dated 06/10/2014 revealed on range of motion a flexion of 135 degrees on the right and 110 on the left. Muscle strength revealed quadriceps 4/5 to the left, hamstrings 5/5 to the left, patellar reflex was 2/4 on the left, and peripheral reflexes were normal with normal distal sensation. McMurray lateral, McMurray medial and Apley's grind were all negative. The treatment plan is for the injured worker to continue with the Hydrocodone/APAP and Naprosyn, to lose some weight. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP tab 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, page 91, Ongoing Management, page 78 Page(s): 78, 91.

Decision rationale: The request for Hydrocodone/APAP tab 10/325mg #90 is non-certified. The injured worker complained of left knee pain. There were no descriptions of pain or measurable pain levels documented in submitted report. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of pain relief, functional status in regard to activities of daily living, appropriate medication use and/or aberrant drug-taking behaviors, and adverse side effects. The pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Documentation submitted for review did not indicate what the injured worker's pain levels were using VAS. There was no documentation of adverse side effects with the use of the opioid. He was also not noted to have had issues with aberrant drug taking behavior; however, drug screen dated 06/12/2014 revealed that the injured worker was not in compliance with his prescription medications. The results revealed unexpected results of heroin metabolite. Furthermore, the submitted report did not indicate frequency or duration. As such, the request for Hydrocodone/APAP tab 10/325 is non-certified.