MAXIMUS Federal Services

Case Number:	CM14-0015122		
Date Assigned:	02/28/2014	Date of Injury:	09/13/2012
Decision Date:	01/02/2015	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/06/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 60 year old male with a reported industrial injury on September 13, 2012, after walking down an incline of dirt and lost his footing and twisted left knee resulting in left knee Medial Meniscus tear confirmed on a Magnetic resonance imaging (MRI) dated May 2, 2013. The injured worker was seen by primary care physician on January 21, 2014 with continued complaints of stabbing left knee pain, swelling, clicks, locks and pops of the left knee. The physical exam on that date revealed range of motion that the injured workers can flex 120 degrees and extend to 0 degrees. Palpation revealed joint line tenderness as well as a positive grind maneuver, mild intra-articular swelling and the ballottement maneuver was positive. Provocative testing about the knee showed 1+ valgus laxity. The p.vot shift maneuver and lachman maneuver were positive. The diagnosis on January 21, 2014 was left knee Tricompartmental chondromalacia folling surgery x3. Medical treatment has included Physical therapy, surgery, pain medication, muscle relaxant and knee brace. The diagnostic tests done included MRI and X-ray. The injured workers work status on January 21, 2014 was modified duties with restrictions of sedentary work/desk work only. He is temporarily totally disabled. The treatment plan included re-evaluation by orthopedic and MRI of left knee for six weeks after to re-evaluate.The primary physician requested authorization on January 22, 2014 for Hydrocodone/Apap 10/325mg #90 with 2 refills and follow up office visit for medication management. The Utilization Review modified Hydrocodone/Apap 10/325mg #90 with 2 refills and certified follow up office visit for medication management on January 30, 2014. The Utilization Review denial was based on the California Medical treatment utilization schedule (MTUS) guidelines American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy Purchase of Hydrocodone/Apap 10/325 (#90) Ninety with Three (3) Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>.There is no clear justification for the need to continue the use of Hydrocodone. The patient was treated with Hydrocodone without any evidence of pain and functional improvement, compliance and monitoring of side effects. Therefore, the prescription of Hydrocodone/APAP tab 10/325mg is not medically necessary.