

Case Number:	CM14-0158608		
Date Assigned:	10/02/2014	Date of Injury:	08/20/2011
Decision Date:	10/08/2015	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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, who sustained an industrial injury on 8-20-11. Initial complaint was of his left leg pain. The injured worker was diagnosed as having left knee internal derangement of knee; pain in joint lower leg; sprain-strain of unspecified site of knee and leg. Treatment to date has included status post left knee patella tendon repair (9-2011); status post left knee patella tendon abscess incision and drainage (6-19-12); status post left knee bursectomy (9-21-12); physical therapy; medications. Currently, the PR-2 notes dated 8-13-14 is a period report and evaluation. The notes indicated the injured worker complains of left knee pain. The provider notes the injured worker has recently been approved for cognitive behavioral therapy and a gym membership. Exacerbating factors for his knee pain are notes as prolonged standing, lifting, driving, lying down, bending and mitigating factors would be sitting and stretching. Currently the provider prescribes Hydrocodone 5-325 mg 5-325mg one tablet up to twice a day for pain PRN. The injured worker has had left knee surgeries in 9-2011 and 2012 resulting in multiple surgeries with removal of hardware and possible osteomyelitis. On physical examination, the provider documented crepitus and "clicking" of the left knee. The left knee ranges of motion were restricted by pain in all directions. Left knee provocative maneuvers were positive. Muscle strength reflexes are 1 and symmetric bilaterally. Muscle strength is 5 out of 5 in all limbs. Sensation is intact to light touch, pin prick, proprioception and vibration in all limbs except decreased to light touch and gross touch of skin overlying the left knee. The remainder of the visit is unchanged from the previous visit as noted by the provider. The provider is requesting authorization of Hydrocodone 5-325mg #30 (ongoing RX).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #30 (ongoing RX): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Opioids, criteria for use.

Decision rationale: Hydrocodone 5/325 is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been receiving Hydrocodone since at least April and has not obtained analgesia. In addition there is no documentation that the patient has had a urine drug test since April 2014. Urine drug testing is recommended at least annually for patients using opioids long term. Criteria for long-term opioid use have not been met. The request is not medically necessary.