MAXIMUS Federal Services

Case Number:	CM14-0187489		
Date Assigned:	11/17/2014	Date of Injury:	05/25/2004
Decision Date:	01/12/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/10/2014

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 Orthopedic Surgery, and is licensed to practice in Minnesota. 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 66 year old female with bilateral total knee arthroplasties. On 6/10/ 2014 she underwent a right total knee arthroplasty and manipulation under anesthesia of a painful stiff left total knee arthroplasty. The right knee is doing well per progress note of 9/29/2014. However the left knee remains painful with range of motion being 5-65 degrees. She is walking with a cane. The disputed issue pertains to a request for hydrocodone/acetaminophen 5/325 mg. UR non-certified the request for reasons of no information about an ongoing review and documentation of pain relief, functional status, appropriate use, side effects, and no pain contract, screening for aberrant behavior, and unknown duration of use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 5/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Pain (updated 10/06/14) Opioids, specific drug list

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: The chronic pain guidelines note specific criteria with regard to initiation and continuation of opioid therapy. A therapeutic trial of non-opioid drugs should be documented with failure of pain relief. Goals should be set. Baseline pain and functional assessments should be made. A history of pain treatment and functional limitations should be documented. At least one physical and psychosocial assessment should be made to determine if opioids should be used. Weaning should be discussed. Risks and benefits and a pain agreement for chronic use is recommended. A urine drug screen may be needed. On-going management requires use of the lowest possible dose that is effective, ongoing review and documentation of pain relief and functional status, and side effects. The 4 A's of monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. In the absence of documentation pertaining to the above guidelines, the request for hydrocodone with acetaminophen 5/325 is not medically necessary.