

Case Number:	CM14-0191217		
Date Assigned:	11/25/2014	Date of Injury:	09/24/2013
Decision Date:	01/09/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/17/2014

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 patient is a 46 year old male with date of injury 9/24/13. The treating physician report dated 8/7/14 indicates that the patient presents with moderate pain affecting the right knee with occasional buckling. The physical examination findings reveal normal right knee sensation, normal muscle strength, swelling affecting the right knee with post-surgical bandages. The treating physician states that there was discussion with the patient about gradual weaning of pain medications, the patient is willing to try but is skeptical. Prior treatment history includes apparently a prior surgery of the right knee, however prior reports to 8/7/14 state that post-surgical bandages are present and there is no date provided for any surgery. The current diagnoses are: 1.Lumbosacral spondylosis2.Osteoarthritis3.Gouty arthropathyThe utilization review report dated 8/26/14 modified the request for Norco 10/325 #180 to Norco 10/325 #162 between 5/13/14 and 10/20/14 for weaning based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Hydrocodone Acetaminophen 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient presents with chronic right knee pain that is moderate in nature. The current request is for Prescription of Hydrocodone Acetaminophen 10/325mg #180. The treating physician report dated 8/6/14 states, "Long discussion about gradual weaning of the pain medication and patient indicates he is willing to try, but remains skeptical about his ability to further decrease. Pain medication remains effective and provides functional gains by assisting his ADLs, exercise program and mobility. Side effects denied. UDS was appropriate, CURES was appropriate and the patient has a signed pain contract. MTUS recommends the usage of Hydrocodone Acetaminophen for the treatment of moderate to moderately/severe pain and continued usage of the medication must be substantiated with proper documentation of the four A's (analgesia, ADLs, Adverse effects and Adverse behavior). In this case the treating physician has provided documentation that the patient has decreased pain with medication usage, improved ability to perform functional activities of daily living with medication usage and that the patient does not have any adverse effects or adverse behavior with Norco usage. While the treating physician has documented that a discussion has taken place regarding weaning the current request is substantiated by the MTUS guidelines. The request is medically necessary.