

Case Number:	CM14-0194895		
Date Assigned:	12/02/2014	Date of Injury:	08/11/2003
Decision Date:	01/16/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/20/2014

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 Internal Medicine, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 70-year-old gentleman with a date of injury of 08/11/2003. A treating physician note dated 09/25/2014 identified the mechanism of injury as falling off a ladder, resulting in right knee pain. Treating physician notes dated 07/29/2014, 08/26/2014, and 09/25/2014 indicated the worker was experiencing worsening right knee pain, an unstable right knee, pain in the neck, and pain in the left wrist. Documented examinations described a positive right patella apprehension sign, decreased right knee motion, severe valgus instability, and a painful walking pattern. The submitted and reviewed documentation concluded the worker was suffering from a failed right total knee arthroplasty with valgus instability, left carpal tunnel syndrome, lumbar degenerative disk disease, cervical spondylosis with radiculopathy and stenosis, and an abnormal heart rhythm. Treatment recommendations included oral pain medications, additional right knee surgery, and left wrist surgery. A Utilization Review decision was rendered on 10/22/2014 recommending modified certification for 180 tablets of hydrocodone with acetaminophen 10/325mg. Urinary drug screen testing reports dated 04/21/2014, 06/10/2014, and 09/23/2014 were also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to take before a Therapeutic trial of Opioids Page(s): 76. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid Dosing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Weaning of Medications Page(s): 74-95; 124.

Decision rationale: Hydrocodone with acetaminophen is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker was experiencing worsening right knee pain, an unstable right knee, pain in the neck, and pain in the left wrist. The worker's pain remained severe despite the use of this medication on an "as needed" basis. The documented pain assessments contained few of the elements recommended by the guideline. There was no suggestion of improved pain, function, or quality of life with the use of this medication. In the absence of such evidence, the current request for 240 tablets of hydrocodone with acetaminophen 10/325mg is not medically necessary. Given the known serious potential risks with this medication and combined with the lack of any documented benefit, an individualized wean should be able to be completed with the medication already available to the worker. As such, the request is not medically necessary.