

Case Number:	CM14-0196333		
Date Assigned:	12/03/2014	Date of Injury:	08/27/2008
Decision Date:	01/26/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/21/2014

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 Family Practice 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:

Date/First Report of Injury: 8/27/2008 Injured Worker Age, Gender and Complaints: This 59 year old female presented to appointment on 10/14/14 with a chief complaint of right knee pain. She has ongoing discomfort and is experiencing swelling in the knee. She has increased discomfort with movement, standing and climbing. She has alleviation with staying off her feet. Pain at rest is 6/10 and 8/10 with activity. She also presents with weakness of right knee. Treating/Referral Provider Findings: Right knee exam findings reveal that injured worker is 5'6" and weighs 250 pounds. There is mild visual fullness and trace effusion. Medial joint line and patellofemoral tenderness. Crepitus is noted with range of motion. The patient walks with a mild, altered gait without use of walker/cane. Stable knee on exam. Provider requested for injured worker to be seen by a pain management specialist for weaning off of Norco use. Injured worker is permanent and stationary. Conservative/Surgical Treatment to Date with Results (if med review, document duration of use, indication for meds and results of use): Orthovisc injections (completed on 6/18/14, injured worker noted improvement in right knee with second injection given a week prior), History of Right Knee Arthroscopy. Per 5/21, 5/28 and 6/18/14 report, patient utilizes Norco 7.5/325 mg tablets three times daily for pain. Norco requested at 10/1/14 visit, dosage remains the same. Complains of "side effects" with Norco usage. Specific side effects not documented. Diagnoses: Status post right knee arthroscopy; severe degenerative joint disease, right knee; status post third Orthovisc injection, right knee (6/18/14) Disputed Service(s): Hydrocodone 7.5/325mg one pill 3x/day as needed #270 for 30 days. This request is not consistent with Chronic Pain Medical Treatment Guidelines as this medication is recommended for osteoarthritis on a trial basis for short-term use after there has been evidence of failure of first line medication options such as acetaminophen or NSAIDS when there is moderate to severe pain. Under study for long-term use as there is a lack of evidence to allow for

a treatment recommendation. Also, opioids should be discontinued if there is no overall improvement in function. The provider has also recommended weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5/325mg #270 for 30 Days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 79-81.

Decision rationale: Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, certification of the requested medication is not recommended. Recommend non certification.