

Case Number:	CM14-0199017		
Date Assigned:	12/09/2014	Date of Injury:	10/21/2002
Decision Date:	01/27/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/26/2014

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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 53-year-old female with an injury date of 10/21/2002. Based on the 04/07/2014 progress report, the patient complains of having left knee pain and right knee pain. She feels as though her left knee will break, cannot squat, and feels as though her left knee locks. The patient also has lumbar spasms with tightness. Achilles reflexes are decreased compared to patellar tendon reflex. She has swelling of both knees and tightness of a straight leg raise to 80 degrees. The right knee has tenderness along the medial joint line, crepitation with motion, and positive McMurray test. The 06/24/2014 report indicates that the patient has low back pain as well as leg/knee pain. No further positive exam findings were provided. The 10/21/2014 report states that the patient has both right and left knee pain, the right hurts more than the left. This pain is described as being "sharp radicular pain." She still has low back spasms. No further exam findings were provided. A previous MRI showed L4-L5 disk changes to the left (date of MRI not provided). The patient's diagnoses include the following: 1. Meniscal tear, right knee. 2. Osteoarthritis, unspecified generalized or localized. 3. Lumbar degenerative disk disease. The utilization review determination being challenged is dated 11/01/2014. There were 4 treatment reports provided from 02/06/2014 - 10/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325 (unknown quantity/duration): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; Medication for Chronic Pain Page(s): 60, 61; 76-78 ;88-89.

Decision rationale: According to the 10/21/2014 report, the patient presents with pain in both her knees as well as low back pain. The request is for Hydrocodone 5/325 (unknown quantity/duration). The patient has been taking hydrocodone 5/325 as early as 02/06/2014. None of the reports provide any discussion regarding what hydrocodone has over the patient's pain and function. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale of validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, none of the 4 A's were addressed as required by MTUS. The treating physician fails to provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy or are there any discussions provided on adverse behavior/side effects. There are no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The requested hydrocodone IS NOT medically necessary.