

Case Number:	CM14-0200888		
Date Assigned:	12/11/2014	Date of Injury:	06/08/2014
Decision Date:	01/31/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 Pain Medicine, 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 injured worker is a 44 year old female with a date of injury of June 8, 2014. Results of the injury include right knee pain and left wrist pain. Diagnosis include right knee pain consistent with a lateral meniscal tear, superimposed over degenerative joint disease, left forearm strain, and left wrist strain. Prior treatments included physical therapy, several injections to her left shoulder. Magnetic resonance Imaging scan of the right knee showed multiple degenerative changes, including a suprapatella plica, osteoarthritic changes, osteochondral defects, and bony ossicles, a vertical tear of the anterior horn of the lateral meniscus was also noted. There were degenerative changes involving the anterior and posterior horns of the lateral meniscus as well, and questionable findings of a small meniscocapsular tear of the posterior horn of the medial meniscus. Progress note dated October 15, 2014 showed inspection of the wrists/hands revealed no gross malalignment, swelling, or masses, range of motion was within normal limits bilaterally. The patient reports that the left foot symptoms are relieved with the same medications previously enumerated as well as elevation. Inspection of the knees revealed moderate swelling on the right side only with decreased range of motion. Work status was noted as modified duty. Treatment plan was to request 8 sessions of physical therapy. Medications were Tylenol and hydrocodone. Utilization review form dated November 12, 2014 non certified Acetaminophen 500mg #120 with 6 refills due to noncompliance with MTUS guidelines. Hydrocodone 10/325mg, #60 with 6 refills has been modified according to MTUS treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen 500mg #120 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12.

Decision rationale: Regarding the request for Acetaminophen 500mg #120 with 6 refills, guidelines state that acetaminophen is recommended for treatment of chronic pain and acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case-by-case basis. Both acetaminophen and NSAIDs have been recommended as first-line therapy for low back pain. Within the documentation available for review, there is documentation of improved pain. However, the pain reduction is poorly quantified and there is no documentation regarding side effects. A one-month prescription may be appropriate, but a 7-month prescription, as requested here is not supported in the absence of more definitive documentation of analgesic efficacy, discussion regarding side effects, and functional improvement. In light of the above issues, the currently requested Acetaminophen 500mg #120 with 6 refills is not medically necessary.

Hydrocodone 10/325mg, #60 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen) 10/325mg #30 with 6 refills, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it is indicated that Norco is a newly prescribed medication to be used as a trial. Furthermore, Norco is a schedule II controlled substance and refills are prohibited. In light of the above issue, the currently requested Norco (hydrocodone/acetaminophen) 10/325mg #30 with 6 refills is not medically necessary.