

Case Number:	CM14-0080175		
Date Assigned:	07/18/2014	Date of Injury:	06/29/2009
Decision Date:	01/07/2015	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/30/2014

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 Occupational Health 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and ankle pain reportedly associated with an industrial injury of June 29, 2009. In a Utilization Review Report dated April 24, 2014, the claims administrator failed to approve a request for hydrocodone-acetaminophen, citing lack of supporting information on the part of the attending provider. The claims administrator stated that its decision was based on MTUS Guidelines but did not incorporate any guidelines into its rationale. The claims administrator's decision was based on a progress note of April 24, 2014. In an April 12, 2014 Medical-legal Evaluation, the applicant noted that he had last worked in June 2009, less than six months after "commencing employment." The applicant reported a variety of neuropathic symptoms, including hand, wrist, foot, and to paresthesia. The applicant had gained 60 pounds. The applicant stated that ongoing usage of Neurontin had not been helpful. The applicant was using four tablets of Vicodin daily. The applicant stated that he was having difficulty standing and walking and apparently exhibited somewhat deranged gait on exam. The applicant was obese, standing 6 feet tall and weighing 275 pounds. Diminished grip strength was also reported, both symptomatically and appreciated on exam. On March 24, 2014, the applicant reported 6/10 bilateral legs and left ankle pain with associated paresthesia. Walking was difficult. The applicant was asked to continue hydrocodone-acetaminophen. Permanent work restrictions imposed by medical-legal evaluator were renewed. It was acknowledged that the applicant was not working with said limitations in place. Electrodiagnostic testing of July 17, 2013 was notable for sensory peripheral neuropathy and bilateral tarsal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/300 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Knee/leg and ankle/foot and chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work. The applicant has apparently not worked in approximately five years since 2009. The applicant's pain complaints were scored at 6/10 or greater, despite ongoing usage of hydrocodone-acetaminophen. The applicant is having difficulty performing activities of daily living as basic as standing and walking, despite ongoing hydrocodone-acetaminophen usage. All of the foregoing, taken together, does not make a compelling case for continuation of opioid therapy with hydrocodone-acetaminophen. Therefore, the request was not medically necessary.