

Case Number:	CM14-0080276		
Date Assigned:	07/18/2014	Date of Injury:	12/22/2006
Decision Date:	05/15/2015	UR Denial Date:	05/07/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57 year old male, who sustained an industrial injury on 12/22/2003. The initial complaints/details of injury and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, right knee total arthroplasty, conservative therapies. At the time of the request for authorization (04/15/2014), the injured worker complained of ongoing low back pain. The diagnoses included degenerative joint disease and osteoarthritis of the right knee - status post ACL repair and right total knee replacement, degenerative disc disease of the lumbosacral spine with bilateral L5 radiculopathy, and rule out cervical degenerative disc disease and herniated nucleus pulposus of the cervical spine. The treatment plan consisted of a surgical consultation, hydrocodone/APAP refill, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg, QTY: 120, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: MTUS Guidelines have very specific criteria to be met to justify the ongoing long term use of opioid medications. These criteria include careful monitoring and documentation use patterns, amount of pain relief, how long pain relief lasts, improved functioning due to use and the lack of drug related aberrant behaviors. These standards have not been met. There is inadequate documentation of benefits and there is evidence of drug related aberrant behaviors. Under these circumstances, the Hydrocodone/APAP 10/325 QTY 120 with 1 refill is not supported by Guidelines and is not medically necessary.