

Case Number:	CM15-0000823		
Date Assigned:	01/12/2015	Date of Injury:	03/29/2003
Decision Date:	03/13/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/05/2015

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: Physical Medicine & Rehabilitation

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 51 year old female, who sustained an industrial injury on 3/29/03. She has reported significant swelling and injury to the right leg and knee. The diagnoses have included opioid dependence, lumbago, chronic pain syndrome, anxiety state, depressive disorder, pain in limb and pain in lower leg joint. Treatment to date has included knee brace, oral medications, arthroscopy of right knee and right knee replacement. Currently, the IW complains of low back pain and bilateral knee pain. The injured worker states she is unable to participate in physical therapy due to vertigo, she walks for exercise and relies on Norco 5/325 to maintain her current level of function. Physical exam of 12/4/14 revealed intake neurological exam, unstable gait due to right knee not bending, and joint tenderness noted on palpation of bilateral knees with crepitus and joint swelling. Very limited range of motion is also noted in the left knee and significant pain with mild palpation of both knees. On 12/15/14, Utilization Review non-certified a prescription for Hydrocodone 5/325 #120 noting the use of opioids and weaning of medications. The MTUS, ACOEM Guidelines, was cited. On 12/31/14, the injured worker submitted an application for IMR for review of Hydrocodone 5/325 #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Hydrocodone 5/325mg #120 between 1/29/2015 and 2/9/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The 52 year old female patient, date of injury 03/29/03, presents with low back pain radiating to lower extremities rated at 9/10 without and 5/10 with medication. The request is for 1 PRESCRIPTION OF HYDROCODONE 5/325MG #120 BETWEEN 1/29/2015 AND 2/9/2015. The request for authorization is dated 12/08/14 for 3 prescriptions of hydrocodone 5/325mg #120 and pensaid 20mg. The patient is status-post right knee replacement 2003. Patient continues with pain and limited range of motion to bilateral knees but is walking 4 times per day with a walker for exercise and to lose weight. Patient states "locking" of the knees and not able to bend right knee causing her to fall repeatedly. Patient has not been able to do physical therapy due to vertigo. Patients current medications include Atenolol, Fenofibrate, Guaifenesin, Hydrocodone, Pensaid, Prozac and Topamax. Work status not available. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -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. MTUS p90, maximum dose for Hydrocodone, 60mg/day. Per progress report dated 12/04/14, treater's reason for the request is "in order to maintain her current level of function." The patient has been prescribed Hydrocodone since at least 01/23/13. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater has not discussed how Hydrocodone significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia has been discussed, showing some pain reduction with use of Hydrocodone. But no validated instrument has been used to show functional improvement. Per report dated 12/04/14 patient denies side effects from this medication, including GI upset, worsening SOB and constipation. However, there is no documentation or discussion regarding aberrant drug behavior. There was a UDS report 09/04/14 submitted for review, but no CURES or opioid pain contract for review. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.