

Case Number:	CM15-0131456		
Date Assigned:	07/17/2015	Date of Injury:	08/29/2014
Decision Date:	08/19/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/08/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 18 year old male who sustained an industrial injury on 8/29/14. The mechanism of injury was unclear. He currently complains of left knee pain and compensatory right knee pain with a pain level of 6/10; compensatory low back pain that is worsening (6/10). On physical exam of the left knee there was tenderness and crepitus with range of motion; tenderness of the lumbar paraspinal musculature. Medications were Percocet, medical marijuana to palliate the pain. There are times when the injured worker is nonfunctional without hydrocodone (per 6/11/15 note). Diagnoses include internal derangement of the left knee; possible early sympathetically maintained pain syndrome, left. Treatments to date include medication; LSO brace; transcutaneous electrical nerve stimulator unit. In the progress note dated 6/11/15 the treating provider's plan of care includes a request for hydrocodone 10 mg, twice per day # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medication: Hydrocodone 10mg (twice a day) Qty: 60, refill/s: unspecified for left knee pain as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for hydrocodone, California Pain Medical Treatment Guidelines state that hydrocodone 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, there is no indication that the opioids are improving the patient's function or pain (in terms of specific examples of objective functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of opioids. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested hydrocodone is not medically necessary.