

Case Number:	CM15-0133680		
Date Assigned:	07/21/2015	Date of Injury:	09/26/2011
Decision Date:	08/26/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/10/2015

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: 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 58 year old male who sustained an industrial injury on 09/26/2011. The injured worker was diagnosed with right medial meniscus tear and bilateral knee degenerative joint disease. The injured worker is status post arthroscopy of the left knee with partial medial and lateral meniscectomy, synovectomy and chondroplasty of multiple joint compartments in November 2011, left total knee arthroplasty in February 2013 and right knee arthroscopy with partial medial meniscectomy, synovectomy and removal of loose bodies on December 1, 2014. Treatment to date has included diagnostic testing with right knee magnetic resonance imaging (MRI) on June 2, 2015, recent bilateral knee X-rays, surgery, injections, transcutaneous electrical nerve stimulation (TEN's) unit, extensive physical therapy, home exercise program and medications. According to the primary treating physician's progress report on June 5, 2015, the injured worker continues to experience bilateral knee pain rated at 6/10 on the pain scale. Examination demonstrated bilateral tenderness with limited range of motion. The greatest tenderness was demonstrated at the medial and lateral joint lines of the right knee. Range of motion on the right was lacking 20 degrees extension and 80 degrees flexion with pain. Current medications are listed as Hydrocodone 10/325mg, Naproxen, Cyclobenzaprine and Pantoprazole. Treatment plan consists of maintaining a healthy activity level, review recent diagnostic tests and the current request for Hydrocodone 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg 3 times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88, 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Hydrocodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Hydrocodone 10mg 3 times a day #90 is not medically necessary.