MAXIMUS Federal Services

Case Number:	CM15-0137653		
Date Assigned:	07/27/2015	Date of Injury:	04/17/2014
Decision Date:	09/23/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/16/2015

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 35 year old male, who sustained an industrial injury on April 17, 2014. He reported feeling a popping and pain in his left knee as he was lifting and pivoting. The injured worker was diagnosed as having status post left knee arthroscopy April 16, 2015, and compensatory right knee pain. Treatments and evaluations to date have included x-rays, MRI, physical therapy, left knee arthroscopy April 6, 2015, and medication. Currently, the injured worker complains of left knee pain rated 6/10 and right knee pain rated 5/10. The Primary Treating Physician's report dated June 18, 2015, noted the injured worker's medications at the current dosing facilitated maintenance of activities of daily living (ADLs) including light household duties, shopping for groceries, grooming, and cooking, with report that without medications the activities of daily living (ADLs) were in jeopardy. Hydrocodone was noted to decrease somatic pain an average of 4-5 points on a scale of 10, described as significant and provided objective improvement including increased tolerance to exercises, greater range of motion (ROM), and greater activity level, without side effects. Physical examination was noted to show no signs of infection in the left knee with arthroscopic portals well healed, and diffuse tenderness of the right knee. The treatment plan was noted to include continued request for additional postoperative physical therapy for the left knee with an emphasis on active therapy, continued request for a MRI of the right knee, continued Seroquel and Trileptal per primary care practitioner, proceeding with an upcoming pain management consultation, a prescription for Hydrocodone, Naproxen Sodium, Cyclobenzaprine, and Pantoprazole dispensed, and a urine toxicology screen initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation an update of American Society of the Interventional Pain Physicians' (ASIPP) Guidelines: 2008 Opioids Special Issue S5-S62.

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

Decision rationale: Regarding the request for Hydrocodone 7.5 mg Qty 60, 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 medication is improving the patient's function (in terms of specific examples of objective functional improvement). As such, there is no clear indication for ongoing use of the medication. 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 7.5 mg Qty 60 is not medically necessary.