

Case Number:	CM15-0143159		
Date Assigned:	08/04/2015	Date of Injury:	12/07/2001
Decision Date:	09/25/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/23/2015

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: Texas, Illinois

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 60 year old female, who sustained an industrial injury on 12-07-2001. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having knee osteoarthritis and chronic pain after total knee replacement. Treatment and diagnostics to date has included total knee replacement, use of brace and cane, home exercise program, and medications. In a progress note dated 06-26-2015, the injured worker reported right knee pain. Objective findings included mild effusion of right knee with tenderness in the medial joints. The treating physician reported requesting authorization for Acetaminophen-Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen/Hydrocodone Bitartrate 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 12-07-2001. The medical records provided indicate the diagnosis of knee osteoarthritis and chronic pain after total knee replacement. Treatment and diagnostics to date has included total knee replacement, use of brace and cane, home exercise program, and medications. The medical records provided for review do not indicate a medical necessity for Acetaminophen/Hydrocodone Bitartrate 10/325mg #90. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for long-term treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicates the injured worker has been using opioids at least since 2007, but with no documented evidence of overall improvement. There is no evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management, and a reduction in the dependency on continued medical treatment. Therefore, the request is not medically necessary.