

Case Number:	CM15-0160094		
Date Assigned:	09/11/2015	Date of Injury:	03/03/2001
Decision Date:	10/09/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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, Florida, 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 March 3, 2001. He reported an injury to his right shoulder and left knee. The injured worker was diagnosed as having impingement syndrome of the shoulder and internal derangement of the knees. Currently, the injured worker complains of bilateral knee pain and bilateral shoulder pain. He continues to perform home exercises and then had a flare up of his right knee. On physical examination, the injured worker has a bilateral knee range of motion of 0-120 with tenderness to palpation over the bilateral medial joint line. He has decreased range of motion of the bilateral shoulder and tenderness to palpation. The submitted documentation did not include a recent history of evaluations from which to determine if the injured worker had functional improvement or pain relief from his use of Hydrocodone-APAP 10-325 mg. He has used Norco since at least November 25, 2014. Treatment to date has included bilateral knee arthroscopic surgery, right shoulder rotator cuff repair, NSAIDS, physical therapy, opioid medications, and diagnostic imaging. A request for Hydrocodone - APAP 10-325mg #120 was received on July 28, 2015. The Utilization Review physician modified the request for Hydrocodone - APAP 10-325mg #120 to Hydrocodone-APAP 10-325 mg #60 on August 4, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 tablets of Hydrocodone/ APA 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: This claimant was injured in 2001. He reported an injury to his right shoulder and left knee. Currently, the injured worker complains of bilateral knee pain and bilateral shoulder pain. He has used Norco since at least November 25, 2014. The Utilization Review physician modified the request for Hydrocodone - APAP 10-325mg #120 to Hydrocodone-APAP 10-325 mg #60 on August 4, 2015. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances, When to Continue Opioids: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review.