

Case Number:	CM15-0163803		
Date Assigned:	09/01/2015	Date of Injury:	06/28/2011
Decision Date:	09/30/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/20/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 50 year old male who sustained an industrial injury on 6-28-11 from a slip and fall injuring his back and knees. He currently complains of left knee pain and swelling; low back pain. His pain level was 4 out of 10 with hydrocodone from 8 out of 10 without the medication. He is able to do activities of daily living with less pain when taking medication and is able to walk for loner time period. On physical exam of the lumbar spine there was spasm and guarding, decreased sensation in the left S1 dermatome, positive straight leg raise on the left, decreased range of motion; left knee exam revealed tenderness to palpation of bilateral joint space, pain with range of motion. Medications were hydrocodone, naproxen, Protonix, docusate sodium. From the notes available, the injured worker has been on hydrocodone since 9-24-13 per 2-3-14 note. Diagnoses include lumbar disc displacement without myelopathy; pain in joint lower leg; disorders of the sacrum; sciatica; status post left knee arthroscopic surgery (4-17-13). Treatments to date include physical therapy; acupuncture; transcutaneous electrical nerve stimulator unit trial; medications; lumbar epidural steroid injection (2-24-15); psychiatric evaluation. Diagnostics include MRI of the left knee (6-16-15) showing superficial fissuring. Mild scarring; MRI of the left knee (3-4-14) showing prior arthroscopic surgery, fissures; x-ray of the lumbar spine (5-16-12) showing multilevel disc degeneration; MRI of the left knee (2-24-12) showing tear, bursitis; MRI of the lumbar spine (2-24-12) showing degenerative spondylosis, retrolisthesis. In the progress note dated 7-21-15, the treating provider's plan of care included a request for hydrocodone-apap 5-325mg #60 as he receives a 50% reduction in pain and

improvement in function. He demonstrated no aberrant behavior regarding his prescriptions. His DEA cures activity report from April was consistent with prescribed medications and his urine drug screen from 4-1-15 showed the presence of hydrocodone and hydromorphone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (dos 7/21/15) Hydrocodone/APAP 5/325 qty 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for knee and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The medical documentation provided indicates this patient has had multiple non-consistent drug screens. It is unclear if this patient meets the 4 A's as outlined in guidelines. Weaning has been recommended multiple times. As such, the request for Retrospective (dos 7/21/15) Hydrocodone/APAP 5/325 qty 60.00 is not medically necessary.