

Case Number:	CM15-0168127		
Date Assigned:	09/08/2015	Date of Injury:	01/08/2009
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old male, who sustained an industrial injury on 1-8-09. The injured worker was diagnosed as having left knee pain secondary to adhesion, cervical sprain-strain, shoulder sprain-strain, lumbar sprain-strain, headaches and depression. Treatment to date has included transcutaneous electrical nerve stimulation (TENS) unit, knee brace, topical cream, physical therapy, oral medications including Olanzapine, Tramadol, Norco, Gabapentin, Lexapro and Celebrex; topical Terocin patches, corticosteroid injection, activity modifications and home exercise program. On 7-10-15 he was seen regarding his left knee injury and rated the pain at 7 out of 10 though he noted a corticosteroid injection helped his pain. Currently on 8-7-15, the injured worker was again seen regarding his left knee injury. Work status is noted to be permanent and stationary. Urine toxicology screenings were not submitted for review. Physical exam performed on 7-10-15 and 8-7-5 revealed limited knee range of motion with exquisite tenderness along the medial joint compartment with swelling and no obvious effusion. The treatment plan on 8-7-15 included a request for authorization for left knee arthroscopy with lysis of adhesions and renewal of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #50 8 days (DOS 8/7/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medication, p124.

Decision rationale: The claimant sustained a work injury in January 2009 and continues to be treated for low back and left shoulder pain and secondary depression. In February 2015 medications included Celebrex, Voltaren, hydrocodone, and gabapentin. When seen, there had been improvement after of corticosteroid injection at the previous visit. He had ongoing pain rated at 7/10. Medications including topical creams are referenced as providing benefit. Physical examination findings included decreased knee range of motion with medial joint line tenderness and swelling. He was continued at of work. Norco was refilled and had been prescribed for more than 4 years. Authorization is being requested for a weaning dose. Guidelines address the weaning of opioid medication. A slow taper is recommended and the longer the patient has taken opioids, the more difficult they are to taper. A suggested taper is 10% every 2 to 4 weeks. In this case, Norco has been prescribed on a long-term basis and this appears to be an initial weaning request and the medication had previously been prescribed up to 3 times per day. It is considered medically necessary.