

Case Number:	CM15-0168630		
Date Assigned:	09/09/2015	Date of Injury:	11/16/2012
Decision Date:	10/13/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/27/2015

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

Certification(s)/Specialty: Emergency 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 44 year old male, who sustained an industrial injury on November 16, 2012. He reported twisting his right knee with a pop and swelling. The injured worker was diagnosed as having right closed patellar dislocation. Treatment to date has included diagnostic studies, hinged knee support, cane, medications, surgery and twenty four post-operative physical therapy sessions. On July 24, 2015, the injured worker complained of right knee pain with walking rated as a 4-8 on a 1-10 pain scale. The treatment plan included rehabilitative therapy two times a week for four weeks and exercise. On July 31, 2015, utilization review denied a request for Hydrocodone (unspecified amount and dosage).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone (unspecified amount and dosage): 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.

Decision rationale: Hydrocodone is an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. There is not a single criterion that is met by provider's submitted documentation. Patient is post-op and the opioids should be weaned. Pt was noted to have been on percocet and then norco. The lack of documentation does not provide any reason for this change. This request is also incomplete. There is no immediate release "Hydrocodone" and this request does not contain dose, frequency, total requested and refills. Documentation fails any justification for continuation of opioid therapy and this incomplete request/prescription invalidates the request as well. The request is not medically necessary.