

Case Number:	CM15-0182112		
Date Assigned:	09/23/2015	Date of Injury:	10/12/2011
Decision Date:	10/27/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/16/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 57-year-old male, who sustained an industrial injury on 10-12-2011. The injured worker is currently able to return to modified work and if not available, then temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for pain in lower leg joint status post crush injury to right knee and lumbar sprain-strain. Treatment and diagnostics to date has included right knee surgeries, knee brace, and medications. Current medications include Hydrocodone and Naproxen. In a progress note dated 08-10-2015, the injured worker reported low back pain and knee pain. Objective findings included an antalgic gait and pain with lower extremity strength testing. The request for authorization dated 08-12-2015 requested Naproxen Sodium-Anaprox 550mg #90 and Hydrocodone-Acetaminophen 10-325mg take 1-2 daily #60. The Utilization Review with a decision date of 08-17-2015 modified the request for Hydrocodone-Acetaminophen 10-325mg #60 to Hydrocodone-Acetaminophen 10-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-APAP 10/325 MG #60: 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: The request is considered not medically necessary. The patient has been on opiates for extended amount of time without objective documentation of the improvement in pain. The patient continues with significant pain. There is no documentation of functional improvement. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for hydrocodone-acetaminophen is considered medically unnecessary.