

Case Number:	CM15-0182624		
Date Assigned:	09/23/2015	Date of Injury:	08/27/2004
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
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: Texas, California

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:

This is a 63 year old female patient who sustained an industrial injury on 08-29-2004. The diagnoses include arthritis of the right knee, status post left total knee, lumbar degenerative disc disease and painful arch left foot. Per the note dated 9/1/2015, she had low back pain at 4/10. The physical examination revealed lumbar spasm and subluxation at level C8, T1 and sacrum. Per the doctor's note dated 08-05-2015 she had complaints of pain in her low back and right knee. The back seems to be the area of greatest discomfort. The physical examination revealed tenderness in the mid, lower lumbar spine and sciatic notches bilaterally; Right knee- some tenderness and crepitation throughout the anterior knee region. The active medication list includes Soma, Norco and Lidoderm. Per the doctor's note dated 06-03-2015, she had complaints of right knee slipping out of place when she walks; pain in her left knee with low back pain radiating down to the right foot. The physical examination revealed mild swelling in the knee with medial pain with full flexion. The prior medication list includes Norco, Lidoderm, Soma, Gabapentin, Ibuprofen and Lorazepam. She also received Kenalog injection to both knees. She has undergone left lateral meniscus repair on 7/28/2005, right knee arthroscopic surgery on 9/21/2006, left total knee arthroplasty on 2/16/2010. She has had lumbar epidural steroid injections, cortisone and orthovisc injection to the knees, physical therapy and chiropractic care for this injury. Review of the medical records does not indicate a pain agreement. The treatment request is for Hydrocodone/APAP (acetaminophen) 10/325 mg, #75. On 09-02-2015 the request for Hydrocodone/APAP (acetaminophen) 10/325 mg, #75 was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP (acetaminophen) 10/325mg, #75: Overturned

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 (Classification), Opioids, criteria for use.

Decision rationale: Hydrocodone/APAP (acetaminophen) 10/325mg, #75. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines cited below, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." Patient had chronic low back and knee pain. She also had a history of bilateral knee surgeries. Patient is on several non opioid medications for chronic pain-soma, ibuprofen, gabapentin. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In this patient with chronic pain with history of multiple surgeries, access to a small amount of medication for pain relief for prn use, is medically appropriate and necessary. Therefore, based on the clinical information obtained for this review the request for Hydrocodone/APAP (acetaminophen) 10/325mg, #75 is deemed medically appropriate and necessary for this patient at this time for prn use.