

Case Number:	CM15-0184142		
Date Assigned:	09/24/2015	Date of Injury:	12/13/2002
Decision Date:	11/12/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/18/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old male with a date of injury of December 13, 2002. A review of the medical records indicates that the injured worker is undergoing treatment for patellofemoral syndrome of the left knee, and abnormality of gait. Medical records dated July 23, 2015 indicate that the injured worker complains of left knee pain rated at a level of 5 out of 10 and 6 out of 10 at worst over the previous week. Records also indicate difficulties with activities of daily living, walking and running, loss of memory, tingling of the left lower extremity and weakness of the left lower extremity. A progress note dated August 20, 2015 notes subjective complaints similar to those reported on July 23, 2015. The physical exam dated July 23, 2015 reveals right side push off antalgic gait, awkward gait, swelling of the left medial knee, restricted range of motion of the left knee, tenderness to palpation over the ilio-tibial band, medial joint line, and patella, moderate effusion of the left knee joint, positive patellar apprehension test, positive Apply's distraction test, and positive Bounce test. The progress note dated August 20, 2015 documented a physical examination that showed no changes since the examination conducted on July 23, 2015. Treatment has included home exercise and medications (Norco 10-325mg every four to six hours as needed since at least May of 2015; Voltaren XR 100mg once a day and Protonix 40mg twice a day noted last in June of 2015). The original utilization review (September 2, 2015) non-certified a request for Hydrocodone-Acetaminophen 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/acetaminophen 10/325mg #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: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4 A's of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.