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| Case Number: | CM15-0185242 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 05/11/2012 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 08/31/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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 62 year old male who sustained an industrial injury on 5-11-2012. A review of medical records indicated the injured worker is being treated for status post meniscal repair right knee with instability. Medical records dated 4-20-2015 noted lower back pain traveling to his bilateral buttocks. Pain was rated a 9 out 10. Previous records were unavailable, however reports his pain was worsening. There was constant pain in the right knee traveling to the left leg. He rates his pain a 6 out 10 and reports his pain was the same. He has difficulty walking more than 200 feet. Pain was aggravated with activities of daily living. Physical examination noted Kemp's test-Facet and toe walk (SI) were positive on both sides. Heel walk (L5) revealed pain on both sides. Straight leg raise test for pain along the sciatic distribution, likely caused by a herniated disc, is pain bilaterally. There was tenderness to palpation of the lumbar spine. Range of motion was painful and reduced. Right knee range of motion was reduced. Treatment has included heat and medications. Medications were not documented. Utilization review form dated 8-31-2015 Modified Hydrocodone-Acetaminophen 10-325 # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #120 for 30 day supply date written 7/20/15:
 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 for chronic pain.

Decision rationale: The requested Hydrocodone/Acetaminophen 10/325mg #120 for 30-day supply date written 7/20/15 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has lower back pain traveling to his bilateral buttocks. Pain was rated a 9 out 10. Previous records were unavailable, however reports his pain was worsening. There was constant pain in the right knee traveling to the left leg. He rates his pain a 6 out 10 and reports his pain was the same. He has difficulty walking more than 200 feet. Pain was aggravated with activities of daily living. Physical examination noted Kemp's test-Facet and toe walk (SI) were positive on both sides. Heel walk (L5) revealed pain on both sides. Straight leg raise test for pain along the sciatic distribution, likely caused by a herniated disc, is pain bilaterally. There was tenderness to palpation of the lumbar spine. Range of motion was painful and reduced. Right knee range of motion was reduced. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone/Acetaminophen 10/325mg #120 for 30-day supply date written 7/20/15 is not medically necessary.