

Case Number:	CM15-0186560		
Date Assigned:	09/28/2015	Date of Injury:	10/20/2006
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/22/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 63 year old male, who sustained an industrial injury on 10-20-06. Current diagnoses or physician impression includes lumbar-lumbosacral degenerative disc disease, failed total knee arthroplasty, lumbar myofascial pain and lumbar spinal stenosis. The injured worker is not working. A note dated 8-26-15 reveals the injured worker presented with complaints of constant right knee pain and bilateral restless legs (left greater than right). He also reports right hip and low back pain that radiates to his right buttock with lateral tenderness. A note dated 8-20-15 reveals the injured worker's pain level is 5-7 out of 10. A physical examination dated 8-26-15 revealed tenderness to palpation at the right knee medial joint line, patella and patellar tendon. Patellar grind test is positive. He has an altered gait and uses a cane for ambulation. The injured worker is demonstrating an improvement in level of function in activities of daily living, shopping, housework, participation in physical therapy and home exercise program. Treatment to date has included aqua therapy, which improved the injured workers core strength, but no improvement in his right knee pain, per note dated 8-26-15. His medication regimen includes Norco (weaning off), Hysingla ER and Ropinirole. A request for authorization dated 8-24-15 for Hysingla ER 30 mg #30 is denied, per Utilization Review letter dated 8-31-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 30mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain chapter -Hysingla (hydrocodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. The worker has been on chronic narcotics but there is lack of demonstration of urine toxicology compliance from the exam note of 8/26/15. Therefore, the request is not medically necessary and the determination is for non-certification.