

Case Number:	CM15-0189096		
Date Assigned:	10/01/2015	Date of Injury:	09/06/1997
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, 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:

The injured worker is a 50 year old female, who sustained an industrial injury on 09-06-1997. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for left knee lateral meniscus tear, subluxation of the left patella, status post arthroscopy of the left knee with partial lateral meniscectomy and open modified Hauser procedure, left knee osteoarthritis, and status post left total knee replacement with lateral release. Treatment and diagnostics to date has included surgeries and medications. Current medications include Hydrocodone-Acetaminophen, Methocarbamol, Naprosyn, and Aspirin. After review of progress notes dated 07-08-2015 and 08-19-2015, the injured worker reported left knee pain rated at 9 out of 10. Objective findings included tenderness over medial and lateral compartment of the left knee. The request for authorization dated 08-24-2015 requested Hydrocodone-Acetaminophen 10-325mg #60 one every 4-6 hours as needed for pain, Methocarbamol, and Ketorolac 60mg with Lidocaine 1ml in the upper arm or upper buttock area intramuscularly for relief of left knee symptoms. The Utilization Review with a decision date of 08-25-2015 modified the request for Hydrocodone-Acetaminophen 10-325mg #60 to Hydrocodone-Acetaminophen 10-325mg #45 and non-certified the request for Ketorolac 60mg with Lidocaine 1ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 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, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months in combination with oral and IM NSAIDS. There was no mention of Tylenol failure. The continued and chronic use of Hydrocodone is not medically necessary.

Ketorolac 60mg with Lidocaine 1ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Ketorolac (Toradol), Ketorolac injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on oral NSAIDS in combination with opioids for several months. Pain remained persistent. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. There is no indication for IM Ketorolac and it is not medically necessary.