MAXIMUS Federal Services

Case Number:	CM15-0203592		
Date Assigned:	10/20/2015	Date of Injury:	10/12/2011
Decision Date:	12/01/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/16/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 58 year old man sustained an industrial injury on 10-12-2011. Diagnoses include right knee pain, lumbar spine sprain-strain, and crush injury to the knee. Treatment has included oral medications, right knee surgery, and use of a right knee brace. Physician notes dated 8-10-2015 show complaints of low back pain and bilateral knee pain. The physical examination shows an antalgic gait, normal strength throughout with an exception of 4 out of 5 strength noted to the left lower extremity on flexion and extension with pain. Tenderness is noted to the right knee patella region and superior tibial plateau. Recommendations include Naproxen, Hydrocodone-Acetaminophen, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-APAP 10/325mg, #30: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydrocodone/APAP 10/325 mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are pain in joint lower leg; status post crush injury right knee; sprain strain lumbar region. Date of injury is October 12, 2011. Request for authorization is September 14, 2015. According to an August 10, 2015 progress note, the injured worker's subjective complaints are low back pain and the pain. The low back pain has improved somewhat. The injured worker complains of ongoing knee pain. Medications include Norco and Naprosyn. Objectively, there is tenderness over the patella region and superior tibial plateau. The utilization review indicates weaning was recommended and the initial request for hydrocodone/APAP #60 was modified to #3o for weaning purposes. The documentation shows hydrocodone/APAP has been prescribed as far back as November 17, 2014. The treating provider states the injured worker uses the opiate for flare-ups. There is no documentation demonstrating objective functional improvement to support ongoing hydrocodone/APAP. There are no detailed pain assessments or risk assessments. There is no documentation showing an attempt to wean ongoing hydrocodone/APAP. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation showing an attempt to wean hydrocodone/APAP, no detailed pain assessments or risk assessments and no documentation demonstrating objective functional improvement, hydrocodone/APAP 10/325 mg #30 is not medically necessary.