

Case Number:	CM15-0217114		
Date Assigned:	11/06/2015	Date of Injury:	07/31/2014
Decision Date:	12/28/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/04/2015

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: 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:

The injured worker is a 43 year old, female who sustained a work related injury on 7-31-14. A review of the medical records shows she is being treated for left knee pain. In the Orthopedic Surgery Consultation Note dated 10-7-15 and progress notes dated 10-27-15, the injured worker reports intermittent flares of pain in left knee with effusions. She reports popping, clicking and episodes of the left knee giving way. Upon physical exam dated 10-27-15, she has tenderness at the left medial joint line with mild tenderness at the lateral joint line. She has positive Steinman and McMurray's tests. Treatments have included physical therapy and medications. Current medications include-not listed. She is working modified duty. The treatment plan includes left knee surgery and for medications. The Request for Authorization dated 10-28-15 has requests for Norco and Hydroxyzine. In the Utilization Review dated 11-4-15, the requested treatments of Norco 10-325mg. #100 and Hydroxyzine 25mg. #40 are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #100: Overturned

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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with left knee pain. The request is for Norco 10/325MG, #100. The request for authorization form is dated 10/28/15. The patient is status post left knee partial medial meniscectomy, 10/29/15. MRI of the left knee, 05/26/15, shows horizontal tear seen in the posterior horn and body of the medial meniscus extending to the inferior articular surface; complex tear with intrameniscal cyst seen at the superior anterior horn of the lateral meniscus. Patient's diagnostic impressions include left complex tear of medial meniscus, current injury, left knee, initial encounter; left peripheral tear of lateral meniscus, current injury, left knee, subsequent encounter. Physical examination of the left knee reveals tenderness at medial joint line, mild tenderness at lateral joint line. +1 Steinman test. +1 McMurray's test. Treatment has included physical therapy. She does not recall taking any medications. Per work status report dated 10/17/15, the patient may return to modified work. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Treater does not specifically discuss this medication. Per progress report dated 10/07/15, treater states, "She does not recall taking any medications." This appears to be the initial trial prescription for Norco. Given this is the initial prescription, the treater has not had the opportunity to document the medication efficacy. Therefore, the request is medically necessary.

Hydroxyzine 25mg, #40 with 1 refill: 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 (chronic) Chapter, Anxiety medications in chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, under Insomnia treatment topic.

Decision rationale: The patient presents with left knee pain. The request is for Hydroxyzine 25MG, #40 with 1 refill. The request for authorization form is 10/28/15. The patient is status post left knee partial medial meniscectomy, 10/29/15. MRI of the left knee, 05/26/15, shows

horizontal tear seen in the posterior horn and body of the medial meniscus extending to the inferior articular surface; complex tear with intrameniscal cyst seen at the superior anterior horn of the lateral meniscus. Patient's diagnostic impressions include left complex tear of medial meniscus, current injury, left knee, initial encounter; left peripheral tear of lateral meniscus, current injury, left knee, subsequent encounter. Physical examination of the left knee reveals tenderness at medial joint line, mild tenderness at lateral joint line. +1 Steinman test. +1 McMurray's test. Treatment has included physical therapy. She does not recall taking any medications. Per work status report dated 10/17/15, the patient may return to modified work. ODG Guidelines, Mental Illness & Stress Chapter, under Insomnia treatment topic states: "Sedating antihistamines (primarily over-the-counter medications): Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine [Benadryl, OTC in U.S.], promethazine [Phenergan, prescription in U.S., OTC in other countries]). Tolerance seems to develop within a few days, sedating antihistamines are not recommended for long-term insomnia treatment. The AGS updated Beers criteria for inappropriate medication use includes diphenhydramine. (AGS, 2012)" Treater does not specifically discuss this medication. Per progress report dated 10/07/15, treater states, "She does not recall taking any medications." This appears to be the initial trial prescription for Hydroxyzine. However, treater does not discuss or document any symptoms or diagnosis of insomnia. Additionally, ODG states that tolerance develops within a few days. There is no long term support for this medication by guidelines. And treater does not discuss or document the use of Hydroxyzine will be short term. Therefore, the request is not medically necessary.