

Case Number:	CM15-0225288		
Date Assigned:	11/23/2015	Date of Injury:	11/15/2011
Decision Date:	12/31/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/17/2015

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: North Carolina

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 61 year old female who sustained an industrial injury November 15, 2011. Past history included right total knee replacement x 2 September 2012 and right revision total arthroplasty July 6, 2015, carpal tunnel bruits right hand 1997, right elbow surgery 1999, diabetes and arthritis. Diagnoses are other intervertebral disc disorders, lumbar region; pain in right toe, right knee, left knee. According to a certified physician's assistants progress notes dated October 29, 2015, the injured worker presented for a follow-up visit with complaints of chronic low back pain with radiation into the right lower extremity and bilateral knee pain. She reported a Synvisc injection to the left knee helped decreased the grinding sensation and improved her tolerance for weight bearing and walking. She is pending fitting for a knee brace and a response to a request for a lumbar epidural injection from September 2015. She reported taking Norco (since at least July 2015) four times daily for pain, Meloxicam and Omeprazole for gastrointestinal upset secondary to medication use. Other medication included Excedrin, Metformin, Trazodone, Zocor, Celexa, and Lorazepam. Norco improves her tolerance for weight bearing and walking for longer periods and performing home exercises. The physician assistant documented side effects with long-acting medications in the past including Morphine and Oxycontin. Objective findings included; morbidly obese (not specified); antalgic gait; ongoing nerve pain in the right lower extremity. A physician assistant's documentation dated July 2, 2015, found CURES report with no inconsistencies. At issue, is a request for authorization for Hydrocodone. According to utilization review dated November 5, 2015, the request for Gabapentin 300mg #60 is certified. The request for Hydrocodone 10-325mg #120 was modified to Hydrocodone 10-325mg #96.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.