

Case Number:	CM15-0225904		
Date Assigned:	11/24/2015	Date of Injury:	07/05/2006
Decision Date:	12/31/2015	UR Denial Date:	11/09/2015
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 62 [REDACTED] year old female, who sustained an industrial injury on 7-05-2006. The injured worker is being treated for osteochondral loose body, degenerative joint disease right greater than left knee (status post right knee total replacement), lower back pain, lumbosacral radiculopathy, and left knee rule out internal derangement. Treatment to date has included right total knee replacement, physical therapy and medications. Per the Primary Treating Physician's Progress Report dated 10-26-2015, the injured worker reported that her right knee is doing great after the total knee-completed PT. The left knee gives out more and more, it is getting worse and worse, and the back is getting worse from limping. She had a fall from the knee giving out. Objective findings included right knee range of motion 4-111 degrees with crepitus, knee effusion, patellofemoral grind and medial and lateral joint line tenderness. "Low back tight hamstrings, spasm and limited range of motion after fall." Left knee had effusion and crepitus. Per the medical records dated 9-15-2015 to 10-26-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Work status was not documented at this visit. The plan of care included narcotic pain medications. Authorization was requested for Hydrocodone 5mg #60. On 11-09-2015, Utilization Review modified the request for Hydrocodone 5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5mg #60: Upheld

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

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. Work status is not specified. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.