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| Case Number: | CM15-0039988 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 12/05/2013 |
| Decision Date: | 04/23/2015 | UR Denial Date: | 02/26/2015 |
| Priority: | Standard | Application Received: | 03/03/2015 |

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 55-year-old male, who sustained an industrial injury on 12/05/2013. Initial complaints reported included pain and injury to the low back and bilateral knees. Treatment to date has included conservative care, medications, right knee surgery (09/08/2014), physical therapy, acupuncture, TENS (Transcutaneous Electrical Nerve Stimulation), and diagnostic imaging (including x-rays and MRIs). Currently, the injured worker complains of low back pain with lower extremity symptoms, bilateral knee pain, left ankle pain and left chest wall pain. Current diagnoses include status post right knee arthroscopy, rule out left knee internal derangement/meniscal pathology, rule out right lumbar radiculopathy, left chest wall injury with multiple fractures, and right inguinal hernia. The treatment plan consisted of obtaining qualified medical evaluation (02/19/2015), continued physical therapy, request for MRI of the lumbar spine, continue with additional acupuncture, continue, TENS (Transcutaneous Electrical Nerve Stimulation), and continue medications (including hydrocodone).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60; refills: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: This patient presents with right knee, left knee, left ankle, left chest, and low back pain. The patient is status post right knee arthroscopy from 09/08/2014. The physician is requesting HYDROCODONE 10/325 MG QUANTITY 60, REFILLS. The RFA from 02/17/2015 shows a request for hydrocodone 10/325 mg quantity 60. The patient's date of injury is from 12/05/2013 and he is currently temporarily totally disabled. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. The records show that the patient was prescribed hydrocodone prior to 09/19/2014 for "breakthrough pain." The 10/15/2014 report shows that the patient's current pain level is 5 to 8/10. The patient reports heightened function with medication at current dosing. He indicates that activities of the living are maintained with medication including shopping for groceries, very light household duties, preparing food, grooming, and bathing. The patient states that tramadol ER at 300 mg per day decreases his pain levels an average of four points on the scale of 10. He reports greater tolerance to specific activities and maintenance of ADLs. He consumes hydrocodone for breakthrough pain only now with tramadol ER at 300 mg per day. No side effects with consumption were noted. The physician states that the patient is within compliance of the MTUS guidelines in regards to consumption of his medications. No urine drug screen or CURES reports were provided for review. Given only partial documentation of the 4As required for continued opiate use, the patient should now be slowly weaned as outlined in the MTUS guidelines. The request IS NOT medically necessary.