

Case Number:	CM15-0045426		
Date Assigned:	03/17/2015	Date of Injury:	04/02/2001
Decision Date:	04/17/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/10/2015

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: New Jersey

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 41 year old male, who sustained an industrial injury on 4/2/2001. He reported a fall from 4-5 feet, landing in his feet, injuring his right knee. The injured worker was diagnosed as status post arthroscopic medial meniscus repair and anterior cruciate ligament reconstruction, chronic pain syndrome, lumbar facet joint pain, lumbosacral radiculitis and lumbosacral degenerative disc disease. Treatment to date has included surgery, physical therapy and medication management. Currently, a progress note from the treating provider dated 1/12/2015 indicates the injured worker reported low back pain that radiated to the buttocks and left shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, part of this review was reported in the documentation, however, missing was a specific report of measurable functional gains directly related to the ongoing Norco and whether or not the worker was working, which is required to help justify its continuation. Therefore, the hydrocodone/acetaminophen will be considered medically unnecessary to continue without this report present for review. Weaning may be indicated if discontinuing.