

Case Number:	CM15-0046757		
Date Assigned:	03/18/2015	Date of Injury:	05/17/2008
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/11/2015

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 52-year-old male who sustained an industrial injury on 5/17/08. The injured worker reported symptoms in the left knee. The injured worker was diagnosed as having osteoarthritis, medial meniscus tear of knee, and osteoarthritis degenerative joint disease knee. Treatments to date have included status post left knee arthroscopic surgery, activity modification, and oral pain medication. Currently, the injured worker complains of left knee pain. The plan of care was for a medication prescription and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 1/23/15) Hydrocodone/APAP 10/325mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 03/19/15 with unrated left knee pain. The patient's date of injury is 05/17/08. Patient is status post unspecified arthroscopic surgery to the left knee

on 10/17/14. The request is for RETROSPECTIVE DOS 1/23/15 HYDROCODONE/APAP 10/325MG #60. The RFA is dated 03/24/15. Physical examination dated 03/19/15 reveals left knee range of motion to be 115 degrees, mild generalized tenderness to the left knee, and notes well healed surgical portals. The patient's current medication regimen outside of Norco was not provided. Diagnostic imaging was not included. Patient is currently working with modified duties. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. In regard to the request of Norco for the management of this patients knee pain, treater has not provided adequate documentation of pain reduction and functional improvement. It is not clear how long this patient has been taking Norco or to what effect, as only one progress note is included with the reports. As for medication pain reduction, progress note 03/19/15 states: "his pain is slightly better." Such vague statements do not satisfy MTUS requirements of pain reduction specifically attributed to medications. As for functional improvements, the treater indicates that this patient has returned to work with modifications, but this alone does not establish efficacy. No pain scales, consistent urine drug screens, or discussion of a lack of aberrant behavior are provided. Owing to a lack of 4A's documentation as required by MTUS, the request IS NOT medically necessary. In regard to the request of Norco for the management of this patients knee pain, treater has not provided adequate documentation of pain reduction and functional improvement. It is not clear how long this patient has been taking Norco or to what effect, as only one progress note is included with the reports. As for medication pain reduction, progress note 03/19/15 states: "his pain is slightly better." Such vague statements do not satisfy MTUS requirements of pain reduction specifically attributed to medications. As for functional improvements, the treater indicates that this patient has returned to work with modifications, but this alone does not establish efficacy. No pain scales, consistent urine drug screens, or discussion of a lack of aberrant behavior are provided. Owing to a lack of 4A's documentation as required by MTUS, the request IS NOT medically necessary.