

Case Number:	CM15-0060256		
Date Assigned:	04/06/2015	Date of Injury:	10/31/2002
Decision Date:	05/12/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/30/2015

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: Internal Medicine

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 54-year-old male who sustained an industrial injury on 10/31/02 when he stepped off an eighteen-inch shelf and struck his left knee. He underwent surgery to the left knee in 2003 and returned to work in March. In June 2003, he was involved in a motorcycle accident and sustained multiple injuries involving knees, right hand and thumb, left shoulder and anterior chest injury. He currently complains of left shoulder ache and bilateral knee pain. Medications reduce pain to an intensity of 2-4/10 allowing him to perform activities of daily living. He has no side effects from medications. Medications are hydrocodone and amitriptyline. Diagnoses include status post left bicep repair; bilateral internal derangement knees; left anterior cruciate ligament repair and meniscal repair. Treatments include medications. In the progress note dated 3/3/15 the treating provider's plan of care requests refill on hydrocodone/ APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 7.5/325mg #180 with four refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 47-48, 212-214, 346-347, Chronic Pain Treatment Guidelines Opioids Page 74-96. Decision based on Non-MTUS Citation Drug Enforcement Administration
http://www.deadiversion.usdoj.gov/fed_regs/rules/2014/fr0822.htm
http://www.deadiversion.usdoj.gov/faq/mult_rx_faq.htm#7.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the four A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for knee and shoulder complaints. Pursuant to the Controlled Substances Act, the Drug Enforcement Administration rescheduled Hydrocodone combination products from schedule III to schedule II effective October 6, 2014. Law prohibits the issuance of refills for a schedule II controlled substance. Medical records document the long-term use of opioid medications, which is not supported by MTUS and ACOEM guidelines. ACOEM guidelines indicate that the long-term use of opioids is not recommended for knee and shoulder complaints. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. The primary treating physician's progress report dated 2/3/15 documented bilateral knee tenderness on physical examination. The date of injury was 10-31-2002. Norco (Hydrocodone/APAP) 7.5/325 mg #180 with 4 refills, equivalent to 900 tablets, were requested. MTUS guidelines do not support the request for a total of 900 tablets of Norco 7.5/325 mg without regular clinical reevaluations. Norco 7.5/325 mg is a schedule II Hydrocodone combination product. Per DEA rules, law prohibits the issuance of refills for a schedule II controlled substance. Therefore, law prohibits the request for Norco (Hydrocodone/APAP) 7.5/325 mg #180 with 4 refills. Therefore, the request for Hydrocodone/APAP 7.5/325 mg #180 with 4 refills is not medically necessary.