

Case Number:	CM15-0086651		
Date Assigned:	05/08/2015	Date of Injury:	06/10/2013
Decision Date:	06/12/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/05/2015

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: Arizona, California
 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 63-year-old male who sustained an industrial injury on 6/10/2013. His diagnoses, and/or impressions, are noted to include: right knee medial meniscus tear, synovitis and arthritis, status-post arthroscopy with partial medial meniscectomy, extensive synovectomy surgery (2/13/14); and adjustment disorder with anxiety and depressed mood. Recent right knee magnetic resonance imaging arthrogram was stated to have been done on 1/19/2015. No current x-rays are noted. His treatments have included right knee surgery; medication management; toxicology screenings; psychotherapy sessions; and return to modified work duties. Progress notes of 3/13/2015 reported increased right knee pain, from increased weight bearing following a recently sprained left ankle; improved pain with his medications; instability; decreased activity; and poor sleep. Objective findings were noted to include tenderness and decreased range-of-motion, effusion and crepitus, elicited pain with varus passive knee manipulation; as well as positive McMurray's test and Anterior Drawer sign. The physician's requests for treatments were noted to include continuing Hydromorphone, as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone Page(s): 82-92.

Decision rationale: Hydromorphone is a short -acting opioid. Opioids are not indicated for mechanical or compressive etiologies. In this case, the claimant had 5/10 pain while on NSAIDS. There was no mention of 1st line medication failure such as Tylenol. The claimant did not have relief with Tramadol, but a lower dose long-acting alternative or lower dose short acting opioid trial was not noted. Hydromorphone is often use intrathecally for intractable pain. The Hydromorphone is not medically necessary.