

Case Number:	CM15-0087417		
Date Assigned:	05/11/2015	Date of Injury:	09/05/2011
Decision Date:	06/16/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/06/2015

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: Emergency 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 52 year old female, who sustained an industrial injury on 9/5/11. She reported a left knee injury. The injured worker was diagnosed as having knee pain and osteoarthritis of knee. Treatment to date has included oral medications including opioids, physical therapy and home exercise program. Currently, the injured worker complains of pain in bilateral knees with right worsening as she compensates for the left. Physical exam noted non-antalgic gait and tenderness to palpation medially of right knee and left knee with restricted range of motion due to pain. The treatment plan included refilling Omeprazole, Hydrocodone and a request for a psychiatric evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-APAP 10/325 Tab #120 with No Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20- 9792.26 Page(s): 83 of 127.

Decision rationale: The patient sustained an injury in September of 2011 when she missed a step and developed left knee pain subsequently. She has been diagnosed with a medial meniscal tear and osteoarthritis of the left knee. The MTUS guidelines state that opioids are not recommended as first line therapy for osteoarthritis. There is lack of evidence to support its long-term use for this indication. As such, continued opioid use would not be advised.