

Case Number:	CM15-0232169		
Date Assigned:	12/07/2015	Date of Injury:	11/20/2009
Decision Date:	01/13/2016	UR Denial Date:	11/16/2015
Priority:	Standard	Application Received:	11/25/2015

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 York, West Virginia, Pennsylvania
 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 63 year old female, who sustained an industrial injury on 11-20-2009. The injured worker was diagnosed as having status post right total knee arthroplasty, status post 360 degrees arthrodesis lumbar spine-rule out pseudoarthrosis-herniation proximal diffuse lumbar spine, and diarrhea-rectal incontinence, possibly neurogenic. Treatment to date has included diagnostics, lumbar spinal surgery 2012, right knee surgery 12-2014, physical therapy, and medications. Per the most recent PR2 report (8-21-2015), the injured worker reported "her right knee is improving". She complained of pain with standing, walking, bending, kneeling, squatting, twisting, lifting, carrying, pushing, pulling, and lifting over 10 pounds. She reported difficulty sleeping and waking during the night due to pain. She reported that her ability to function "has slightly improved following her procedure". Her pain was not rated and function with activities of daily living was not described. Exam of the right knee noted range of motion -5 to 123 degrees (-5 degrees to 90 on 4-20-2015) and medial joint line tenderness. Medication regimen was not documented. The use of Norco was noted since at least 4-2015. Work status was total temporary disability. Medication renewal was recommended. Urine toxicology was referenced, compliance not documented. On 11-16-2015 Utilization Review non-certified a request for Hydrocodone-APAP 10-325mg #90, 2 refills, weaning dose allowed x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP tab 10-325mg day supply: 30 Qty: 90 Refill: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. Therefore, the request for Norco 10/325 mg #30 with 2 refills is not medically necessary.