

Case Number:	CM15-0239662		
Date Assigned:	12/16/2015	Date of Injury:	07/23/2009
Decision Date:	01/21/2016	UR Denial Date:	11/30/2015
Priority:	Standard	Application Received:	12/08/2015

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 61 year old male, who sustained an industrial injury on 7-23-2009. Medical records indicate the worker is undergoing treatment for status post right total knee arthroplasty implant removal with peri-prosthetic infection. The only progress report dated 9-10-2015, reported the injured worker denies complaints of pain and reports improving right knee range of motion. Physical examination revealed a well-healed surgical incision and no tenderness to palpation. Right knee x-rays showed fixed revision with no evidence of loosening or implant failure. Treatment to date has included multiple knee surgeries, antibiotic therapy, physical therapy and medication management. The physician is requesting Hydrocodone-Acetaminophen 10-325mg #90 for 45-day supply. On 11-30-2015, the Utilization Review non-certified the request for Hydrocodone-Acetaminophen 10-325mg #90 for 45 day supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10-325mg #90 for 45 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-Term use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for an unknown length of time. Pain scores or opioid agreement was not provided. Continued use of Hydrocodone is not medically necessary.