

Case Number:	CM14-0185273		
Date Assigned:	11/13/2014	Date of Injury:	04/20/2013
Decision Date:	12/19/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/06/2014

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 40-year-old female sustained an industrial injury on 4/20/03. The mechanism of injury was not documented. Past surgical history was positive for lumbar laminectomy on 2/22/05, right shoulder surgery in 2009, 2-level lumbar disc replacement surgery on 2/16/10, and lumbar fusion surgery on 7/25/11. The 12/1/10 cervical MRI impression documented a central focal disc protrusion at C6/7 contacting and mildly flattening of the cervical cord with no abnormal signal in the cord. There was a mild broad-based disc protrusion at C5/6 without significant mass effect or central canal narrowing. The 8/27/14 left knee MRI impression documented posterior horn medial meniscus tear, degenerative changes with medial femoral condylar osteochondral lesion, and minimal degenerative change lateral meniscus with lateral femorotibial spurring. There was lateral patellar tilt and subluxation with patellar chondral thinning and patellofemoral degenerative change, small to moderate joint effusion, and small popliteal cyst. The patient underwent left knee arthroscopy with medial and lateral menisci debridement and debridement of chondromalacia of the medial femoral condyle and medial synovial plica on 9/26/14. The 10/9/14 orthopedic surgeon report indicated the patient had stabilized and improved since her left knee surgery. She was using her crutches and an unloader brace. She continues to require strong narcotic medications. Her right knee was four times as bad as her left knee, with medial and lateral pain. The treating physician opined a reduction in right knee pain when she was better able to weight bear on the left knee. Physical therapy was to begin in 2 weeks. Flector patches were provided for trial use. The 10/15/14 treating physician report cited follow-up for chronic pain, cervical intervertebral disc degeneration, and lumbar post-laminectomy syndrome. The patient was reported in a motor vehicle accident on 9/22/14 and underwent left knee surgery 9/26/14. Pain medications were helping, but she was still in pain. Crutch use had exacerbated her back pain. Subjective complaints included neck pain radiating to the bilateral upper extremities

and back pain radiating to the lower extremities. Pain without medications was 10/10 and with medications 5/10. The treatment plan recommended continuation of Opana ER 20 mg twice a day #60 and Hydrocodone/Acetaminophen 10/325 mg for breakthrough pain #180. The 10/23/14 utilization review denied the request for Hydrocodone/Acetaminophen 10/325 mg as the patient was using Opana and the addition of this medication exceeded the daily Morphine equivalents which no documentation of significant functional gains or lasting pain reduction. Records documented use of Hydrocodone/Acetaminophen 10/325 mg for breakthrough pain multiple times per day since at least 3/29/11. There is no documentation of objective functional improvement with the use of Hydrocodone/Acetaminophen. Records indicated that weaning and discontinuation had been recommended for completion as of February 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325 mg # 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Hydrocodone/Acetaminophen Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of Hydrocodone/Acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Guideline criteria have not been met for on-going use of Hydrocodone/Acetaminophen in the absence of guideline required documentation. There is no documentation of overall improvement in function with the use of this medication. Records suggest that Opana ER has been the most beneficial and was recommended for continuation in the 10/23/14 utilization review. There is no compelling reason to support the continued long-term use of this medication in the absence of documented functional benefit. Weaning and discontinuation have been previously recommended with allowance for tapered use. Therefore, this request is not medically necessary.