

Case Number:	CM14-0214050		
Date Assigned:	12/31/2014	Date of Injury:	11/14/2012
Decision Date:	02/19/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Florida, New York, Pennsylvania
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 member is reported to have sustained his injury 14Nov12. He apparently stepped onto a roller bed assembly and grabbed onto the cage with his L arm. His feet went out from under him and he landed on his right side while still holding on with his L. He is reported to have continued to work for the next 3 months including working overtime before filing a claim. The initial report listed a traction injury to the L shoulder as well the right shoulder and right hip. At some point the R knee was added as well as chronic LBP. An agreed comprehensive medical review in Feb 2014 found that the member had a prior settled claim for the R knee from 2004. An MRI of the R knee 12Aug13. There was articular cartilage thinning and irregularity and fissuring in the patellar articular cartilage with some subchondral bony changes representing grade IV chondromalacia and degenerative arthritic change. The evaluator determined that 0% of the permanent disability to the right knee due to the industrial injury of 12Nov12. Despite this at some point the knee began to be treated as a composite part of the injuries attributed to the 12Nov12 event. At issue is the NON-CERTIFICATION of a script for the use of Hyrdocodone 10/325 for 60 tabs for 1 q4h prn. The implicit use of the medication is to manage pain related to the degenerative arthritic change noted in the R knee from an MRI reported from 12Aug13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2
Page(s): 11, 79-81, 86, 87, 93, 95.

Decision rationale: The note of interest included the following diagnoses: Low back pain (LBP), Knee pain and shoulder pain. The member was in for routine follow up to include complaints of LBP, knee pain and shoulder pain. The nature, intensity, duration, exacerbating and relieving factors were not articulated. The details of the examination were descriptive but cursory. There was no evidence that the member had failed first line medications for acute and chronic pain. There was no listing of a medication contract for use of opioids. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. Opioids can be recommended on a trial basis for short-term use after there has been evidence of failure of first-line medication options such as acetaminophen or non-steroidal anti-inflammatory drugs (NSAIDs) when there is evidence of moderate to severe pain. They would be used in conjunction with these medications rather than as a replacement as in this case. Continuation of the use of opioids would be best assessed on the basis of a return to work (the member has not returned to work) and evidence for improved functioning and reduced pain. The primary risk with continued use is that 36 to 56% of users have a lifetime risk for substance use disorders. Hydrocodone is considered a member of the short-acting family of opioids and as such faces a much higher risk of rebound pain and subsequent misuse. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The 4 A's do not seem to have been addressed in this patient's management. Therefore, based on the guidelines and medical evidence reviewed, this request is not medically necessary.