

Case Number:	CM14-0214833		
Date Assigned:	01/07/2015	Date of Injury:	12/26/2007
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 51 year old male with the injury date of 12/26/07. Per physician's report 12/04/14, the patient has back pain, right knee pain and right ankle pain at 3/10. The patient is currently taking Terocin lotion, Biofreeze with Ilex gel, Diclofenac sod Er, Tizanidine Hcl and Tramadol Hcl. The patient works with modified duties. The lists of diagnoses are: 1) LS neuritis or radiculitis. 2) Internal derangement of knee NOS. 3) Nonunion of fracture. 4) Medical Meniscus tear/ derangement. 5) Knee strain. 6) Hip impingement. Per 07/07/14 progress report, the patient reports having back pain, right knee pain and right ankle pain at 4/10, aggravated by bending, pulling, reaching sitting or stooping and relieved by medicines, walking or ice. The patient reports having sleeping difficulty. The patient rates his difficulty in walking as 4/10, difficulty in sitting as 5/10, difficulty in sexual activity as 8/10 and difficulty in working as 4/10. His hip forward flexion is 100 degrees, internal rotation is 10 degrees and external rotation is 10 degrees. Per 05/08/14 progress report, the patient complains of same pain in his back, right knee and right ankle at 4/10. The patient reports having emotional stress also. The utilization review determination being challenged is dated on 12/12/14. Three treatment reports were provided from 05/08/14 to 12/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS. Medication for chronic pain. Page(s): 88, 89, 76-78, 60-61.

Decision rationale: The patient presents with pain and weakness in his back, right knee and right ankle. The request is for HYDROCODONE/APAP 5/325mg #50. The patient is currently taking Terocin lotion, Biofreeze with Ilex gel, Diclofenac sod Er, Tizanidine Hcl and Tramadol Hcl. Three reports provided by the treater do not mention Hydrocodone/APAP except the request. The utilization review letter on 12/12/14 indicates that the patient had utilized this medication previously. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The review of the reports does not show any discussion specific to this medication other than the treater's request. The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request for Hydrocodone/APAP IS NOT medically necessary.