

Case Number:	CM14-0217975		
Date Assigned:	01/08/2015	Date of Injury:	03/10/2014
Decision Date:	03/03/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/30/2014

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: Preventive Medicine, Occupational 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 60 year old male, who sustained a work related injury March 10, 2014. Past history included an appendectomy and lumbar spine surgery L5-S1 in 1991. According to an initial comprehensive primary treating physician's report, dated October 14, 2014, the initial injury is documented as; while stepping out of a trailer after loading equipment, he stepped backwards and suddenly felt a pop in his left knee. He weakened and lost his balance but did not fall, and felt excruciating pain in the left knee. On June 16, 2014, while under private insurance, he underwent a left knee replacement and received about six weeks of post-operative and rehabilitative in-home physical therapy and pain medication. Beginning in August 2014, he started receiving chiropractic therapy once a week to his low back and left knee, completing eight sessions. Sometime in September 2014, while still under private insurance, he completed 10 sessions of 18 authorized of physical therapy. Impression at this visit is documented as lumbar radiculopathy and internal derangement of knee not otherwise specified, left. Treatment plan included additional physical therapy to left knee, MRI lumbar spine, and continue pain medications. Work status is documented as temporarily totally disabled. A primary treating physician's progress report dated, December 3, 2014, finds the injured worker presenting for a follow-up evaluation. There has been no significant improvement since the last exam. He continues to have left knee pain, continues to take medications for pain and found a job that can accommodate his restrictions. Physical examination reveals a well healed scar over the lumbar region. There is spasm and tenderness to palpation of the paraspinal muscles. There is no deficit in any of the dermatomes of the lower extremities to pinprick or light touch. Right sitting

standard leg raise is positive and left negative, with heel and toe walking normal. There is tenderness to pressure over the medial knee and a well healed scar. Range of motion right and left documented as flexion 140/140 and extension 180/180. The right anterior drawer/posterior drawer/McMurray's all negative and the left anterior drawer/posterior drawer is negative and McMurray's positive. Impression is documented as lumbar radiculopathy, internal derangement of knee not otherwise specified, left. Treatment plan included medications and complete physical therapy. Work status is documented as temporarily totally disabled. According to utilization review performed December 19, 2014, the request for Hydrocodone(Norco)APAP 10/325mg Tablet take (1) twice daily #60 with (2) Refills is non-certified. Citing MTUS Chronic Pain Medical Treatment Guidelines, the submitted medical records do not indicate that the injured worker has trialed and failed non-narcotic analgesics, adjuvants and NSAIDs in the past. Furthermore guidelines state the associated risks with the use of opioids including; increased risk for dependence, morbidity and mortality. In the absence of current evidence of an exacerbation or flare-up, there is no clinical support for the use of an opioid. A prior request for this medication was not certified. The request is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone (Norco)/APAP 10/325 mg, sixty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47 - 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical records do not indicate that the injured worker has significant benefit in pain reduction and objective functional improvement as a result of opioid treatment. Medical records do not indicate that non-opioid pain management has been attempted with a goal of reducing or discontinuing opioid pain management. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. Therefore, Hydrocodone (Norco)/APAP 10/325 mg, sixty count with two refills is not medically necessary and appropriate.