

Case Number:	CM15-0019693		
Date Assigned:	02/09/2015	Date of Injury:	08/16/2013
Decision Date:	05/14/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male, who sustained an industrial injury on August 16, 2013. He reported an injury due to repetitive and continuous work. The injured worker was diagnosed as having right knee internal derangement. Diagnostics to date included a urine drug screen on January 21, 2015. Treatment to date has included physical therapy and opioid, proton pump inhibitor, topical compound, and non-steroidal anti-inflammatory medications. On January 21, 2015, the injured worker complains of frequent stabbing, throbbing right knee pain, stiffness, heaviness, numbness, tingling, and weakness, which was associated with repetitive movement and prolonged or repetitive sitting, standing, bending, or kneeling. His pain was rated 7.5 out of 10. Med and rest provided relief. He has an antalgic gait. The physical exam revealed normal deep tendon reflexes of the lower extremity, decreased flexion, anterior and posterior knee tenderness and muscle spasm, and a positive McMurray's. The treatment plan includes proton pump inhibitor, topical compound, and non-steroidal anti-inflammatory medications. The treatment request is for opioid medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone - Acetaminophen 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone / Acetaminophen, Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for hydrocodone/acetaminophen, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested hydrocodone/acetaminophen is not medically necessary.