

Case Number:	CM15-0110632		
Date Assigned:	06/17/2015	Date of Injury:	06/19/2010
Decision Date:	07/15/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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

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 52 year old female patient who sustained an industrial injury on 06/19/2010. A secondary treating office visit dated 03/17/2015 reported a chief complaint of right knee pain. The patient is with a history of chronic severe internal derangement of the right knee and will ultimately require further surgery to the right knee. She uses a walker for ambulation and wears a right leg brace. She has a history of osteoarthritis and degenerative disc disease. She has subjective complaint of ongoing right knee; low back pain accompanied by numbness, weakness and decreased mobility. She is with a recent right foot fracture in 03/2014 along with having undergone a gastric bypass in 2013 losing > 80 pounds. She has been cleared to initiate active weight loss and exercise programs again. Current medications are: Hydrocodone/APAP 7.5/325mg, Fexmid, Protonix, Buspirone HCL, and Orphenadrine. The patient was deemed medially retired. A CURES report is consistent with prescriber's orders. The assessment found the patient with: lumbar radiculopathy, degenerated disc disease, lumbar, and pain in joint, ankle/foot, and lower leg. Medications were renewed with note of increasing Hydrocodone solution to 15ml maximum dose. An orthopedic follow up on 01/09/2015 showed subjective complaints of having low back pain, right side greater lower extremity symptom, right knee pain, right foot pain. She states the medication regimen enables greater function and activity level along with a significant decrease in the pain. Objective findings showed tenderness to the lumbar spine and lumboparaspinal musculature with range of motion limited to pain and a positive straight leg raise bilaterally. There is tenderness to the right knee diffuse and it is noted greatest

at medial and lateral joint lines. The right knee range of motion markedly limited with painful crepitation. There is tenderness at the right foot, greatest at fifth metatarsal. The following diagnoses were applied: meniscal tears, right knee; osteoarthropathy, right knee; multidirectional instability, right knee; foraminal stenosis L4-5 and L5-s1; facet osteoarthropathy L45- and L5-s1; left knee pain, separate claim; fracture 5th metatarsal, derivative; status post gastric bypass surgery, and reactive depressive. Discussion noted the patient still a great surgical candidate once weight loss to 250 pounds (current weight at 270); encouraged to continue weight loss with anticipated future knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5mg/Acetaminophen 325mg per 15ml solution #2250: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management Page(s): 75-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Hydrocodone 7.5mg/Acetaminophen 325mg per 15ml solution #2250 is not medically necessary and appropriate.