MAXIMUS Federal Services

Case Number:	CM15-0112429		
Date Assigned:	06/24/2015	Date of Injury:	12/22/1992
Decision Date:	07/24/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/10/2015

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: New York
Certification(s)/Specialty: Pediatrics, Internal 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 56 year old male, who sustained an industrial injury on 12/22/1992. He has reported subsequent right knee and right shoulder pain and was diagnosed with ACL tear of the right knee with failed ACL reconstruction and multiple revisions, degenerative arthritis of the right knee and impingement syndrome of the right shoulder. Treatment to date has included medication, application of heat and ice, bracing, physical therapy and surgery. Documentation shows that the injured worker had been prescribed hydrocodone since at least 11/25/2014. In a progress note dated 05/11/2015, the injured worker complained of right shoulder pain that was rated as 5 at best, 8 at worst and 6 with medications. The injured worker reported that without medications the pain was 50-75% higher and that medication allowed him to raise his arm above shoulder height and perform activities of daily living independently. Right knee pain was also noted and rated as 6 at best, 8 at worst and 7 with medications with pain rated as 50% higher without medications. Objective findings were notable for mild swelling at the upper trapezius, minimal tenderness to palpation of the right shoulder muscles and joints, positive cross arm testing, decreased range of motion of the right shoulder, a markedly antalgic gait favoring the right lower extremity, marked atrophy and decreased tone of the right quadriceps and calf muscles, moderate crepitus, moderate to severe tenderness at the lateral joint line, anterior and posterior laxity and pain with varus and valgus stress. Documentation shows that the injured worker was prescribed Hydrocodone to be taken as needed three times a day for severe pain. A request for authorization of Hydrocodone 10/325 mg #90 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80-81.

Decision rationale: As per MTUS guidelines, documentation to support the use of chronic opioids should include "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life."Although the physician documented some improvement of pain with the use of medication, from 8/10 to 5-6/10, there was no indication as to how long it took for pain relief or how long pain relief lasted. In addition, the injured worker was taking multiple pain medications and there was no discussion as to how Hydrocodone specifically affected the injured worker's degree of pain. Therefore, it is unclear as to the degree of pain relief experienced specifically as a result of Hydrocodone use. The documentation shows that the injured worker was prescribed Hydrocodone since at least 02/11/2015 and there was no documentation of significant functional improvement during this time. In addition, as per MTUS, for use of opioids for treatment of osteoarthritis "there is a lack of evidence to allow for long-term use." Therefore, the request for Hydrocodone 10/325 mg #90 is not medically necessary.