

Case Number:	CM15-0117874		
Date Assigned:	06/26/2015	Date of Injury:	01/03/2013
Decision Date:	08/07/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/18/2015

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 40 year old male, who sustained an industrial injury on 01/03/2013. The injured worker complained of left knee pain. Diagnosis was left knee pain. Radiographic test have included MRI and X-ray studies. Prior treatment has included: chiropractic, acupuncture; physical therapy and injections. Urine drug screens performed while using Opioid medication. Primary treating physician report dated 4/30/15 indicates the injured worker reports subjective complaints of bilateral knee pain- left rated 6/10 and right rated 5/10 on a pain rating scale 1-10. Status-post left knee surgery on 3/1/13 and status-post right knee surgery on a non- industrial basis on 5/1/15. Opioid medication utilized without reported side effects. Objective findings state left knee condition is worsening with decline in activity and function. In addition, also noted is the concern for instability and potential for falls. Physician's report as of 5/28/15 stated awaiting authorization for left knee arthroscopy. Injured worker will continue to follow up with operating surgeon for re: right knee. The injured worker's current work status is permanent and stationary, temporarily totally disabled. Treatment plan includes Hydrocodone 7.5mg bid, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 51, 74-76.

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

Decision rationale: MTUS discourages long-term usage unless there is evidence of "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." The documentation provided did include pain levels but not include a comprehensive pain assessment and evaluation or evidence of functional improvement. Therefore, Norco was not medically necessary.