

Case Number:	CM15-0127317		
Date Assigned:	07/14/2015	Date of Injury:	10/27/2010
Decision Date:	08/10/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/01/2015

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 39 year old male who sustained an industrial injury on 10/27/2010. Mechanism of injury was not documented. Diagnoses include left knee medial femoral condyle partial thickness chondral defect/chondromalacia, and patellofemoral syndrome (left). In addition the injured worker suffered an additional injury dated 07/11/2013 affecting his hands and wrists. Treatment to date has included diagnostic studies, status post left knee arthroscopy, and status post left knee manipulation on 03/15/2011, medications, physical therapy, home exercises, hinged knee brace, Synvisc injections, and steroid injections. His medications include Relafen, Norco, and Omeprazole. The injured worker is working full time. A physician progress note dated 03/01/2015 documents the injured worker complains of pain in his left knee. It is aching burning, splitting and tender. He has difficulties with activities of daily living, difficulty walking/running, locking of the left knee and loss of range of motion of the left knee. He rates his pain as 4 out of 10 on the Visual Analog Scale for the left knee. His pain over the last week has been 7 out of 10. With medications his pain is 2 out of 10. On examination his left knee has swelling over the medial and lateral knee. Range of motion is restricted and painful. There is tenderness to palpation over the lateral joint line, medial joint line, patella and the tenderness is moderate. He has a mild effusion in the left knee joint. Patellar apprehension test is positive. The treatment plan includes Relafen 750mg, Omeprazole DR 20mg, continuation of stretching and strengthening modalities, and use of hinged knee brace. Treatment requested is for Hydrocodone-APAP 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-APAP 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines When to Discontinue Opioids; Opioids, dosing Page(s): 47-48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids for chronic pain; Weaning, opioids; Opioids for neuropathic pain.

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 and 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 the patient with acute pain, unable to function due to sudden progression of pain and clinical findings. 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 indication the patient is able to have some benefit and is working full time; however, functional benefit is required prior to further consideration or weaning process needs to be considered. At this time, the Hydrocodone-APAP 10/325mg #120 is medically necessary and appropriate.