

Case Number:	CM15-0128867		
Date Assigned:	07/15/2015	Date of Injury:	03/23/1990
Decision Date:	08/10/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/02/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 58 year old female, who sustained an industrial injury on March 23, 1990. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having right knee joint arthropathy, right knee osteoarthritis, post traumatic calcification tendonitis patella tendon of right knee, post traumatic chondromalacia of the patellofemoral compartment of the right knee, status post arthroscopic surgery right knee times two and right knee post-surgical changes and meniscal degeneration. Treatment to date has included diagnostic studies, injections, surgery and medications. On June 29, 2015, the injured worker complained of right knee pain that increases with physical activities. She has pain in her left knee which had developed over years which she believed had developed for overcompensating for her right knee injury. The injured worker reported to experience a significant amount of pain and stiffness of her knees and lower extremity with activities of daily living. She rated her pain level as a 7-8 on a 1-10 pain scale. The treatment plan included medications. On June 29, 2015, Utilization Review non-certified the request for Flexeril 5 mg quantity 120, citing California MTUS Guidelines. A request for Hydrocodone 20 mg (without acetaminophen) quantity 120 was modified to a quantity of 90, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 20 mg (without acetaminophen), 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone several months in combination with Voltaren without significant improvement in baseline pain or function. Reduction in pain score was not quantified with medication use. Weaning attempt to Tylenol failure was not noted. Continued and chronic use of Hydrocodone is not medically necessary.

Voltaren 75 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Voltaren for several months in combination with Hydrocodone without significant improvement in baseline pain or function. Reduction in pain score was not quantified with medication use. Weaning attempt to Tylenol failure was not noted. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Voltaren is not medically necessary.