

Case Number:	CM15-0173216		
Date Assigned:	09/24/2015	Date of Injury:	02/01/2002
Decision Date:	10/29/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 02-01-2002. The injured worker is currently able to return to modified work. Medical records indicated that the injured worker is undergoing treatment for patellofemoral chondromalacia, lumbar disc disease, and cervical disc disease. Treatment and diagnostics to date has included medications. Medications have included Hydrocodone and Ibuprofen. In a progress note dated 08-20-2015, the injured worker reported pain in low back and knees. Objective findings included “painful right knee, slight low back pain, right knee synovial swelling, valgus 14 degrees, and antalgic gait.” The Utilization Review with a decision date of 08-27-2015 denied the request for Hydrocodone 7.5mg-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in February 2002 and is being treated for right knee and low back pain. When seen, her right knee was very painful. Physical examination findings were synovial swelling, increased valgus, and an antalgic gait. An unloader brace was requested. Hydrocodone /acetaminophen was refilled and was being prescribed on a long-term basis. Urine drug screening was ordered. Hydrocodone/acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.