

Case Number:	CM15-0176970		
Date Assigned:	09/17/2015	Date of Injury:	02/11/2015
Decision Date:	10/22/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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: Emergency 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 50 year old female who sustained an industrial injury on 2-11-15. According to the medical records she is being treated for left knee and left ankle injuries. Progress report dated 7-22-15 reports continued complaints of left ankle and knee pain. She reports tenderness and buckling of her left knee. The pain is rated 10 out of 10 depending on activity level. She also has complaints of left foot pain with difficulty bearing weight. Objective findings: Left knee shows tenderness with palpation, grind and murphy's test was positive. The left foot and ankle show tenderness to palpation across the plantar fascia. Flexion and extension against resistance elicits pain. Diagnoses include: plantar fasciitis strain, and left knee meniscal tear, sprain and strain of knee and ankle. Plan of care includes: injection given of toradol 60 mg intramuscular, prescription given for Norco 10-325 mg twice per day as needed for pain and request for consult and treatment. Work status: remain off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg #60: 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 for chronic pain.

Decision rationale: The requested Hydrocodone/APAP 10/325 mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has left ankle and knee pain. She reports tenderness and buckling of her left knee. The pain is rated 10 out of 10 depending on activity level. She also has complaints of left foot pain with difficulty bearing weight. Objective findings: Left knee shows tenderness with palpation, grind and Murphy's test was positive. The left foot and ankle show tenderness to palpation across the plantar fascia. Flexion and extension against resistance elicits pain. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone / APAP 10/325 mg #60 is not medically necessary.