

Case Number:	CM15-0021731		
Date Assigned:	02/11/2015	Date of Injury:	06/14/2011
Decision Date:	07/03/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/05/2015

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 31 year old female, who sustained an industrial/work injury on 6/14/11. She reported initial complaints of knee and back pain. The injured worker was diagnosed as having lumbar disc protrusion, lumbar radiculopathy, and left knee internal derangement. Treatment to date has included medication, diagnostics, surgery (left knee arthroscopy with partial synovectomy, and medial patellofemoral ligament reconstruction with allograft on 7/24/14). Currently, the injured worker complains of persistent knee pain with a feeling of instability. Per the primary physician's progress report (PR-2) on 1/12/15, examination revealed limited range of motion to the left knee and inability to dislocate the patella. Current plan of care included evaluation for possible knee replacement and pain medication management. The requested treatments include Hydroco/APAP 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 12/09/14 with unrated lower back pain which radiates into the left lower extremity, and left knee pain which radiates into the foot. The patient's date of injury is 06/14/11. Patient is status post arthroscopic partial synovectomy, lateral release, and medial patellofemoral reconstruction of the left knee on 07/24/14. The request is for HYDROCO/APAP TAB 10/325MG (#150). The RFA was not provided. Physical examination dated 12/09/14 reveals tenderness to palpation of the lumbar paraspinal muscles, bilateral SI joints, and L4-L5 spinous processes. There is spasm noted in the bilateral gluteus muscles and lumbar paraspinal muscles, and positive straight leg raise is noted bilaterally. The patient is currently prescribed Norco, Oxycodone IR 30MG, and Klonopin. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids, Therapeutic Trial of Opioids, also requires documentation of the 4As, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the request for Norco for the management of this patient's chronic pain, treater has not provided adequate documentation of pain reduction and functional improvement. This patient has been taking Norco since at least 08/19/14. Progress note dated 12/09/14, which specifies a refill, does not include any documentation of analgesia or provide functional benefits attributed to medications. In addition, there is no discussion of aberrant behavior or consistent urine drug screening to date, nor any consistent toxicology reports. MTUS requires documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, no such documentation is provided, therefore the continuation of this medication cannot be substantiated. Owing to a lack of 4A's documentation as required by MTUS, the request IS NOT medically necessary.