

Case Number:	CM15-0028033		
Date Assigned:	02/20/2015	Date of Injury:	05/16/2007
Decision Date:	06/05/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 58 year old male sustained an industrial injury on 5/16/07. He subsequently reported left lower extremity pain. Diagnoses include pain in joint left knee and osteoarthritis. Treatments to date include x-ray and MRI testing, surgery, physical therapy, injections and prescription pain medications. The injured worker continues to experience left knee pain. Upon examination, tenderness is present in the medial joint line and patellofemoral joint of the left knee. A request for Hydrocodone/APAP medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg QTY: 60, 30 day supply: 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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone/APAP 10/325mg #60, 30-day supply is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis according to the January 16th 2015 (the most recent progress note) is 58-year-old man status post work-related injury with continued chronic bilateral knee pain. The request for authorization is dated January 28, 2015. Utilization review states Norco (hydrocodone/APAP) was prescribed as far back as January 2014. The progress note documentation shows Norco was prescribed as far back as August 2014. According to the January 16, 2015 progress note, the injured worker complains of left knee pain with chronic bilateral knee pain. The injured worker is status post right total of the arthroplasty. The injured worker is not yet scheduled for the left knee arthroplasty. The pain scales have remained relatively static from November 2014, December 2014 and January 2015 ranging from 3/10, at best, to 9/10. There were no detailed pain assessments or risk assessments in the medical record with ongoing opiates. There is no documentation of objective functional improvement or subjective improvement based on the documentation in the medical record. Additionally, there is no frequency of dosing for the hydrocodone/APAP. Consequently, absent compelling clinical documentation with objective functional improvement, risk assessments and detail pain assessments and a frequency for Norco to be taken, Hydrocodone/APAP 10/325 mg #60, 30-day supply is not medically necessary.