

Case Number:	CM15-0063495		
Date Assigned:	04/09/2015	Date of Injury:	08/31/2012
Decision Date:	05/08/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/03/2015

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: Preventive Medicine, Occupational 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 51 year old female, who sustained an industrial injury on 8/31/2012. Diagnoses include severe bilateral osteoarthritis post arthroscopic surgical procedures and marked quadriceps weakness bilaterally. Treatment to date has included surgical intervention on both knees (8/2013 and 6/2014), physical therapy, weight loss, medications, modified work and use of a cane for ambulation. Per the Primary Treating Physician's Progress Report dated 3/05/2015, the injured worker reported knee pain. She states "My knees are really bothering me today and especially my right and I'm having to use my cane more than ever." Her pain ranges from 5-7/10 and with medication is rated as 3/10. Physical examination revealed an antalgic gait pattern favoring her right leg and leaning on her cane heavily. Examination of the knees reveals them both to be swollen and markedly tender especially along the medial and lateral joint lines. On the right she has prepatellar swelling but no ballottement of the patella. She was able to straighten both legs to 0 degrees but is only able to flex the right to 90 degrees and the left to approximately 100 degrees. She is unable to arise from a chair without the use of her arms and can only squat 20-25 degrees. The plan of care included physical therapy medications and authorization was requested for Hydrocodone/APAP 10/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines supports the judicious use of opioids when there is meaningful pain relief, functional benefits and lack of drug related aberrant behaviors. This individual meets these criteria. With the quite limited use on a as needed basis, significant pain relief is reported, objective improvements in function are noted and there are no drug related aberrant behaviors. Under these circumstances, the Hydrocodone/APAP 10/325mg #30 is supported by Guidelines and is medically necessary.