

Case Number:	CM15-0097366		
Date Assigned:	05/28/2015	Date of Injury:	08/28/2013
Decision Date:	07/07/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/20/2015

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:

The injured worker is a 47 year old female who sustained an industrial injury on 08/28/13. Initial complaints include left knee pain. Initial diagnoses include left knee contusion, left knee and leg sprain/strain. Treatments to date include medications, physical therapy, a cortisone injection, stretching exercises, home exercise program, IT band stretching, patella mobilization, a SynVisc injection, and left knee surgery. Diagnostic studies include a MRI of the left knee, and x-rays of the right foot. She tripped and fell the day after surgery on her left knee in 01/15 and fell forward on her right foot, hitting her night stand. Current complaints include left knee, right foot and ankle pain. Current diagnoses include long-term use of medications, pain in the joint lower leg, and lumbar sprain/strain. In a progress note dated 04/13/15 the treating provider reports the plan of care as additional physical therapy and continued medication including fentanyl patch and hydrocodone. The requested treatment is hydrocodone. She has been on the fentanyl patch 25mcg/hr and Hydrocodone 10/325 since at least 02/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

150 Hydrocodone bit / apap 10-325mg: Upheld

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

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 bitartrate/APAP 10/325 mg #150 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. In this case, the injured worker's working diagnoses are long-term use of medications NEC; pain in joints lower leg; and sprain/strain lumbar region. The documentation indicates the injured worker has been using hydrocodone as far back as August 28, 2013 (one day post accident). Currently the injured worker is taking hydrocodone bitartrate 10/325 mg five tablets per day. The injured worker uses Fentanyl 25g every three days. There is no documentation indicating objective functional improvement with ongoing hydrocodone. Additionally, there is no decrease in the subjective pain complaints. The injured worker's complaints remain the same starting February 2015 through April 2015. There are no VAS pain scores to track subjective pain complaints. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. Consequently, absent clinical documentation with VAS pain scores and objective evidence of functional improvement to support ongoing hydrocodone bitartrate, hydrocodone bitartrate/APAP 10/325 mg #150 is not medically necessary.