

Case Number:	CM14-0103247		
Date Assigned:	07/30/2014	Date of Injury:	11/20/2006
Decision Date:	09/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 47-year-old man was reportedly injured on November 20, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 24, 2014, indicates that there was a follow-up for a left knee total knee arthroplasty from 10 months prior and has complaints about left knee pain. The physical examination demonstrated left knee range of motion from 0 degrees to 115 degrees with some tenderness at the pes anserine bursa. A bone scan of the left knee suggested no sign of loosening or a stress fracture. Previous treatment includes a left knee total knee arthroplasty a request had been made for hydrocodone for hydrocodone/APAP 7.5/325 and was not certified in the pre-authorization process on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Apap 7.5/325mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Anti-inflammatory medications Page(s): 22; 67-68; 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91.

Decision rationale: Hydrocodone/acetaminophen is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee is stated to be 10 months after a knee replacement surgery and therefore it is unclear why pain control of opioid medications is still needed at this time. Furthermore, there is no documentation regarding increased ability to function or objective documentation of decreased pain with the usage of this medication. Therefore, this request for hydrocodone/APAP 7.5/325 is not medically necessary.