

Case Number:	CM14-0150551		
Date Assigned:	09/18/2014	Date of Injury:	08/02/2007
Decision Date:	11/03/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/16/2014

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, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 patient is a 51-year-old male with an injury date of 08/02/07. The 07/29/14 progress report by [REDACTED] states that the patient presents with worsening pain in the right ankle and left knee. The patient has not worked since 2007. Examination reveals the left knee is tender to palpation, especially the medial compartment. Swelling is present anterior and posterior consistent with synovial cyst. The patient's diagnoses include chronic pain syndrome, internal derangement of the left knee, Pain in right ankle, Long-term current use of medications, Encounter for therapeutic drug monitoring, popliteal cyst, and left knee. The care plan includes the refill of the following medications: Anaprox, Prilosec, Norco (Hydrocodone), Tramadol, Elavil and Ketoprofen cream. The utilization review being challenged is dated 08/29/14. Reports were provided from 04/17/14 to 07/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/ APAP 10/325 mg, qty: 90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 77, 78, 86,91.

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

Decision rationale: The patient presents with worsening pain in the right ankle and left knee. The treater requests for Retrospective Hydrocodone (an opioid)/APAP 10 /325 mg Qty 90 with one refill prescribed on 07/29/14. The reports provided show the patient has used this medication since at least 01/29/14. MTUS Guidelines pages 88 and 89 states, "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 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. "The treater states this medication is to reduce pain. The 01/23/14 report states Norco and Anaprox help the patient's function and performance of ADLs. The treater further states in this report that Norco decreases pain and without the medication he cannot participate in therapy or perform ADLs. No other specific ADLs are mentioned to show a significant change with use of this medication. No pain scales are used in the reports provided. Opiate management issues are documented on 07/29/14 as the treater states that side effects of the medication have been discussed with the patient. Urine toxicology reports were provided from 12/02/13 to 05/24/14. Hydrocodone was reported as present on 01/29/14, 04/20/14 and 05/22/14 as expected. The 12/02/13 report shows this medication was not detected as expected. In this case, the treater provides general statement regarding ADL's but none specifically to determine whether or not there is a "significant" improvement. There is no change in the patient's ability to work or work status. There are no pain scales or numerical evaluation of the pain or function to show improvement. No outcome measures are provided. Recommendation is for denial and slow taper of the opiate.