

Case Number:	CM14-0148761		
Date Assigned:	09/18/2014	Date of Injury:	07/21/2009
Decision Date:	09/02/2015	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/12/2014

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. 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: Arizona, California

Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial injury on 07-21-2009. He has reported injury to the right knee. The diagnoses have included pain in joint, lower leg; and osteoarthritis of the knee. Treatment to date has included medications, diagnostics, injections, and physical therapy. Medications have included Hydrocodone-Acetaminophen, Diclofenac Sodium, Pantoprazole, Keratek Gel, and topical compounded cream. A progress report from the treating physician, dated 08-18-2014, documented a follow-up visit with the injured worker. The injured worker reported that he continues to have pain in the right knee with limited range of motion; and he rated his pain at 7 out of 10 on the pain scale. Objective findings included mild tenderness of the right knee; limited range of motion; a limping ambulation; and he is to receive his first out of a five-series of Hyalgan injections to the right knee. The treatment plan has included the request for Hydrocodone-Acetaminophen 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone an unknown length of time. There was no mention of Tylenol. The claimant was on NSAIDS along with the Hydrocodone without indication of individual pain response to either medication. The continued use of Hydrocodone is not medically necessary.