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| <b>Case Number:</b>   | CM13-0026531 |                              |            |
| <b>Date Assigned:</b> | 11/22/2013   | <b>Date of Injury:</b>       | 02/17/2011 |
| <b>Decision Date:</b> | 02/04/2014   | <b>UR Denial Date:</b>       | 09/13/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/19/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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 45-year-old male who reported an injury on 02/17/2011, which ultimately resulted in left knee surgery. The patient developed chronic pain postsurgically that was managed with medications. The patient underwent an MRI of the left knee that revealed joint space effusion and severe osteoarthritis medial compartment with chondromalacia and severe degenerative changes to the medial meniscus. The patient's most recent clinical exam findings included a pain assessment of 7/10 without medications, decreasing to a 3/10 with medications. The patient has decreased range of motion and an antalgic gait assisted by a cane, decreased range of motion in the cervical and lumbar spine in all planes, and decreased sensation in the L4, L5, and S1 dermatomes with a positive straight leg raising test bilaterally. The patient's diagnoses included multilevel disc herniations, facet arthropathy of the cervical spine, lumbar radiculopathy, status post anterior cruciate ligament repair, and status post left wrist surgery. The patient's treatment plan included a total knee replacement and continued pain management with Norco and naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #225:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

**Decision rationale:** The requested Hydrocodone/APAP 10/325mg #225 between 8/20/2013 and 11/10/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient receives pain relief as a result of the patient's current medication schedule. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by increased functional benefit, documentation of pain relief, management of side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the patient is being monitored for aberrant behavior. Although the documentation does indicate that the patient has pain relief and can maintain functional levels with medication, there is no documentation of a pain management contract or evidence of compliance to the prescribed medication schedule. Therefore, continued use would not be indicated. As such, the requested Hydrocodone/APAP 10/325mg #225 between 8/20/2013 and 11/10/2013 is not medically necessary or appropriate.