

<b>Case Number:</b>	CM13-0052516		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/31/2009
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 51-year-old male who reported a work related injury on 03/31/2009 as a result of cumulative trauma to the right knee. The patient presents for treatment of the following diagnosis: pain in joint, lower leg. The clinical note dated 09/19/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient is status post a right total knee replacement; however the specific date of procedure was not stated. The patient reports his pain at an 8/10 without medications. The provider documents the patient, upon physical exam, is able to ambulate without assistance. The provider documented the patient utilizes Cyclobenzaprine, hydrocodone/APAP, nabumetone, and Prilosec. The provider documents a urine drug screen was positive for THC; the patient is prescribed a medical marijuana card and utilizes marijuana occasionally, per his report. The provider informed the patient he could not continue prescribing the patient narcotics if he wished to continue utilizing medical marijuana. The provider documented the patient reported he would discontinue medical marijuana as he finds Norco to be more beneficial for his pain complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10-325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76.

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

**Decision rationale:** The clinical documentation submitted for review fails to evidence a repeat urine drug screen of the patient since a previous one performed prior to a clinical note dated 09/19/2013 revealed the patient was utilizing THC. The provider informed the patient he could no longer prescribe the patient Norco 10/325 for his right knee pain complaints if the patient continued to utilize medical marijuana. In addition, the clinical notes failed to document the patient presented with reports of significant objective functional improvements or significant decrease in rate of pain on a VAS scale to support the long term necessity of this medication. The MTUS Chronic Pain Guidelines indicate "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors)." Since the medical records provided for review do not meet these criteria, the request for Hydrocodone/APAP 10-325 mg #90 is not medically necessary and appropriate.