

<b>Case Number:</b>	CM13-0060736		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/31/1998
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 55 year old male with a date of injury of 12/31/96. Based on the 12/17/12 report, the patient presents with chronic degenerative joint disease of the knees bilaterally (status post knee replacement), history of knee replacement complicated by infection, history of anxiety, and chronic pain (no specified location). [REDACTED] is the requesting provider, and he provided treatment reports from 1/5/12- 12/17/12.

### 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 #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61.

**Decision rationale:** According to the 12/17/12 progress report by [REDACTED], the patient presents with chronic degenerative joint disease of the knees bilaterally (status post knee replacement), history of knee replacement complicated by infection, history of anxiety, and chronic pain. The patient began taking Hydrocodone on 10/4/12. However, a review of the reports shows no

discussion regarding how Hydrocodone has been instrumental in improving this patient's function and quality of life. There were no pain scales provided. According to the MTUS, when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. For chronic opiate use, MTUS guidelines require the physician to document pain and functional improvement and compare to the baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. In this case, this documentation is not present in the records provided for review. There are no reports indicating what the impact Hydrocodone has had on this patient in terms of pain and function. As such, the request is noncertified.