

<b>Case Number:</b>	CM14-0011443		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 & Rehabilitation, 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 52-year-old female who has submitted a claim for back pain and bilateral knee pain, associated with an industrial injury date of February 14, 2003. The medical records from 2013 through 2014 were reviewed. The latest progress report, dated 02/04/2014, showed persistent bilateral knee pain that is worse with standing and walking. There was complaint of back pain with radiation into both lower extremities. There was numbness and tingling sensation in both lower extremities. She was a candidate for total knee replacement but she deferred. Physical examination showed that the patient can ambulate but with an antalgic gait. Lumbar spine showed decreased range of motion. Spasm and guarding were also noted on the lumbar spine. Bilateral knees were positive for effusion and joint line tenderness. Lumbar MRI (magnetic resonance imaging), dated 02/28/2012, showed mild degenerative changes, 2mm broad-based protrusion at L5-S1, and a minimal annular bulge at L4-5. The treatment to date has included right knee arthroscopy (02/09/2006), left knee arthroscopy (02/14/2008), massage therapy, aquatic therapy, trigger point injections, and medications. A Utilization review from February 11, 2014 denied the prospective request for Hydrocodone/APAP 10/325mg #90 because there was lack of documented improvement derived from its use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) PRESCRIPTION OF HYDROCODONE/APAP 10/325 MG # 90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 79-81.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the medical reviews of the patient revealed that the patient has been on hydrocodone/APAP since August 2013. Recent progress notes state that Norco provided decrease in pain severity by 2-3/10. The patient was likewise able to walk for prolonged period up to 15 to 20 minutes, compared to 5 minutes without intake. Furthermore, she was able to climb stairs and do grocery shopping. Urine drug screen also showed consistent results. The MTUS guidelines criteria were met. Therefore, the prospective request for Hydrocodone/APAP 10/325mg #90 is medically necessary.