

<b>Case Number:</b>	CM14-0121737		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/02/2008
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Texas and Ohio. 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 injured worker is a 32-year-old male who reported an injury on 04/02/2008. The injured worker reportedly twisted his right knee when he slipped on a piece of metal. Previous conservative treatment includes Synvisc injections and pain medication. The current diagnoses include right knee degenerative joint disease and right knee chondromalacia, grade 4. The only clinical documentation submitted for this review is dated 07/03/2014. The injured worker presented with ongoing right knee pain following a right knee arthroscopy. The current medication regimen includes Norco and Nucynta. Physical examination revealed no notable discomfort with a normal gait. Treatment recommendations included a refill of Norco 5/325 mg, Nucynta ER 50 mg, and a prescription for Colace 100 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 5/325mg #20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of objective functional improvement despite the ongoing use of this medication. Therefore, continuation cannot be determined as medically appropriate. There was also no documentation of a significant musculoskeletal or neurological deficit upon physical examination that would warrant the need for ongoing opioid therapy. There is also no frequency listed in the request. As such, the request is not medically necessary.