

<b>Case Number:</b>	CM14-0146466		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	04/08/2014
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 58-year-old female with a 4/8/14 date of injury, when she injured her left knee and hip while stepping off the bus. The patient was seen on 7/23/14 for the follow up visits. The patient reported no improvement in her symptoms. The patient stated that she received Norco from her personal physician and was utilizing it. The patient reported 8/10 pain in the left knee and difficulty with prolonged walking. Exam findings revealed tenderness to palpation in the left knee and no edema or effusion in the left lower extremity. The patient had full flexion and extension in the knee with pain and she had difficulty squatting and kneeling. The medial meniscal stress test was positive and the patient's pain radiated up into the left hip. The examination of the left hip was normal. The diagnosis is left lower leg injury, left knee pain. Treatment to date: brace, medications and physical therapy. An adverse determination was received on 8/27/14 given that the presented documentation did not establish that the request was medically reasonable and necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates  
Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. The progress notes indicated that the patient was utilizing Norco at least from 06/14 and that she still suffered from 8/10 pain in her left knee. There is no rationale with regards to the necessity for Hydrocodone/APAP treatment for the patient given, that she was already utilizing other opioid. In addition, there is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Therefore, the request for Hydrocodone/APAP 5/325 mg #20 is not medically necessary.