

<b>Case Number:</b>	CM14-0150608		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Occupational Medicine and is licensed to practice in Illinois. 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 injured worker is a 50 year-old morbidly obese woman whose date of injury is Dec 21, 2009 (there is also another note that her date of injury is April 20, 2012). She was diagnosed with left knee internal derangement and had left knee arthroscopy, chondroplasty and meniscectomy on Aug 22, 2014. Prior to her knee surgery, at her August 2014 office visit, she complained of headaches, and pain in the cervical spine with radiation into the upper extremities, improving low back pain with radiation into the lower extremities, and worsening bilateral knee pain at 5/10 with medications and 7/10 without medications. She had a lumbar steroid injection (LESI) in Sept of 2014. She has had carpal tunnel release in the past as well as symptoms and signs consistent with shoulder impingement. There is a list of medications that she is taking including gabapentin, Medrox ointment, hydrochlorothiazide (HCTZ), tramadol and Naproxen. An exam was notable for cervical and lumbar tenderness, restricted range of motion and positive signs of upper and lower extremity radiculitis, hypertension and left ventricular hypertrophy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone Bit. & Acct. Tablets 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, specific drug list Page(s): 80-81; 91.

**Decision rationale:** This injured worker has chronic musculoskeletal pain. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and non-steroidal anti-inflammatory drugs (NSAIDs) (as suggested by the world health organization [WHO] step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period. There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. This injured worker has chronic musculoskeletal pain with radiculitis and had left knee arthroscopy, chondroplasty and meniscectomy on Aug 22, 2014. It appears that the request for hydrocodone/acetaminophen was made prior to her knee surgery and is not requested to control her post-surgery pain. Since there is no documentation to suggest exactly for what indication or which pain the opioid was requested, since there is no indication of an opioid contract, since there is no indication of a urine toxicity screen, and since the documentation is that her pre-surgery worsening bilateral knee pain was 5/10 with medications and 7/10 without medications, which is not evidence of a functional difference, the request is not medically necessary.