

<b>Case Number:</b>	CM14-0168209		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	05/17/2005
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Orthopedic Surgery 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 claimant is a 57 years old gentleman who sustained a work-related injury on 05/17/05. The clinical records provided for review documented current complaints of left knee pain. The report of an orthopedic office visit dated 08/04/14 noted continued left knee pain for a diagnosis of status post total knee arthroplasty in 2008 with residual left knee arthralgia. The report documented that current treatment included medication management with Norco, Ketoprofen, aspirin, Tylenol and Ibuprofen. It was documented that Norco provided 30 percent pain relief and that the claimant had difficulty walking long distances. Objective findings on examination revealed 5-/5 straight of the quadriceps and hamstrings and the scar from the previous arthroplasty. No documentation of imaging was provided in the report. The recommendation was made for refill of medications of Norco and Voltaren, and the claimant was asked to follow up in two months' time for further assessment. Records for review included reports from prior Utilization Review determinations prescribing weaning doses of hydrocodone for the purpose of discontinuation, specifically citing no indication for its use in the setting of arthralgia, no documentation of significant advancement of activities or benefit based on claimant's subjective complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 7.5/325mg #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: Criteria for Use Page(s): 76-80.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, the request for continued use of hydrocodone is not recommended as medically necessary. The medical records document that the claimant remains under treatment for arthralgia, status post total knee arthroplasty on the left dating back to 2008. There is minimal documentation that the claimant receives benefit from the use of hydrocodone at present or that he has increased his level of physical activity. Typically, the use of short acting narcotic analgesics is not recommended for treatment of degenerative processes as diagnosed in this case. There has also been documentation of prior weaning doses of medication from prior peer reviews throughout 2014. Without documentation of significant improvement or advancement of the claimant's activities, the continued use of hydrocodone would not be medically necessary.