

<b>Case Number:</b>	CM14-0027907		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	03/23/1990
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 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 Injured worker is a female with dated of injury 3/23/1990. Per primary treating physician's progress report dated 2/12/2014, the injured worker complains of continued right knee pain. She reports that the pain increases with physical activities. She has pain in her left knee which has developed over years which she believes has developed for overcompensating for her right knee injury. During the course of the performance of activities of daily living there is still a significant amount of pain and stiffness of her knees and lower extremity. On exam patellar and Achilles tendon reflexes are positive bilaterally. Active and passive straight leg raising signs are positive bilaterally at 30 degrees with 3+ pain. She is not able to extend the right knee. There is decreased flexion of bilateral knees, right greater than left. The left knee pain is increasing in severity. She has a constant limp. She has stiffness with radiculopathy of lower extremities bilaterally. Diagnoses include 1) right knee joint arthroplasty 2) right knee osteoarthritis 3) post traumatic calcification tendonitis patella tendon, right knee 4) post traumatic chondromalacia of the patellofemoral compartment of the right knee 5) stats post arthroscopic surgery, right knee x2, right knee post surgical changes and meniscal degeneration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE 20 MG TABLETS QUANTITY 360.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89, 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-95, 124.

**Decision rationale:** The injured worker's injury was 24 years ago, and she is being treated chronically with opioid pain medications. The clinical documents do not provide any information regarding the benefits experienced with these pain medications such as reduced pain or improved function. The MTUS guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy, which is not the case in the current management of this injured worker. It may be the case that this injured worker requires some opioid pain management, however the medical necessity is not addressed by the requesting physician. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for hydrocodone 20 mg tablets quantity 360 is determined to not be medically necessary.

**URINE DRUG SCREEN QUANTITY: (1): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 43, 112.

**Decision rationale:** The injured worker has been treated chronically with opioid pain medications, however, the medical documents provided for review do not indicate that the requesting physician has concerns over use of illicit drugs or non-compliance with prescribed medications. Previous urine drug screens provided for review have positive results for alcohol, amphetamines, and hydrocodone, however there is no physician interpretation or recommendation for the injured worker by the requesting provider from these results. The use of urine drug screening is recommended by the MTUS guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The requesting physician has not addressed these concerns. The request for urine drug screen is determined to not be medically necessary.