

<b>Case Number:</b>	CM14-0034956		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	09/28/2005
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 and Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 64 year old female injured on 09/25/05 due to an undisclosed mechanism of injury. The current diagnosis include contusion/sprain of bilateral knee, partial tear and re-tear of medial/lateral menisci, chondromalacia patella of the right, status-post arthroscopic surgery of the right knee, status-post partial medial/lateral meniscectomy of the right, status-post chondroplasty of the right knee, status-post total knee arthroplasty of the right knee, compensatory strain of the left knee, compensatory sprain of the lumbar spine, and lumbar spondylosis. Clinical note dated 01/28/14 indicates the injured worker presented with complaints of ongoing low back and right lower extremity pain with radiation into the right foot. The injured worker rated pain at 7/10 in severity. The injured worker reports pain limits ability to function and participate in activities of daily living. Physical examination of the lumbar spine revealed pain with extension, decrease sensation on the right L4, L5, and S1 nerve roots, positive straight leg raise on the right, rotary examination is limited on the right, and tenderness to palpation in the paraspinal musculature. Examination of the right knee revealed decrease range of motion, 5/5 strength in quadriceps and hamstrings, and no instability of the right knee. Examination of the left knee revealed decrease range of motion with crepitus, and no instability of the knee. Documentation indicates the injured worker's current medications include Gabapentin 600mg and Norco as needed. The initial request for 1 prescription of Hydrocodone/Acetaminophen 10-325mg #150 with 2 refills was initially non-certified on 02/19/14 with modification to 113 tablets.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Hydrocodone/APAP 10/325mg #150 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Recent urine drug screens were inconsistent for the prescribed medications and not addressed in the clinical documentation. As such, the medical necessity of Hydrocodone/APAP 10/325mg #150 with 2 refills cannot be established at this time.