

<b>Case Number:</b>	CM14-0051560		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/28/2008
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 patient is a 62-year-old female who has submitted a claim for associated with knee joint replacement and right knee degenerative joint disease an industrial injury date of 08/28/2008. Medical records from 09/20/2013 to 07/07/2014 were reviewed and showed that patient complained of sharp right knee pain (grade not specified) aggravated by stairs, movement, walking and relieved with medications and rest. Physical examination revealed limited right knee range of motion. MMT, sensation to light touch, and DTR of bilateral lower extremities were intact. X-ray of the right knee dated 08/08/2013 revealed post-operative right total knee arthroplasty with good alignment. MRI of the right knee dated 02/15/2012 revealed intrasubstance degeneration of the medial and lateral menisci otherwise normal. Treatment to date has included right knee total knee arthroplasty (08/2008), physical therapy, and pain medications. Utilization review dated 03/21/2014 denied the request for Hydrocodone/acetaminophen 10/325mg #90 with 3 refills because the need medication needed monitoring and functional improvement documentation prior to continuation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/ACETAMINOPHEN 10/325MG, #90 WITH 3 REFILLS:** Upheld

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

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

**Decision rationale:** According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case, the patient was prescribed opiates (Tramadol 50mg tablet TID) since 12/10/2013. There was no documentation of function relief, absence of adverse effects, and recent urine toxicology monitoring, which are required to support the continuation of opiate use. Furthermore, the request included 3 refills. The guidelines clearly require monitoring of patient response, adverse effects, and urine toxicology review prior to therapeutic decision for continuation. Therefore, the request for Hydrocodone/Acetaminophen 10/325mg, #90 with 3 refills is not medically necessary.