

<b>Case Number:</b>	CM14-0085921		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/15/2008
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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, has a subspecialty in Pain 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 64 year old male with a report of injury of continuous trauma from June 6, 2007 through June 6, 2008. While performing routine duties as a mattress assembler, a cart of materials ran into a ladder which ran into the injured worker--causing the injured worker to fall to his knees. After the injury, the injured worker was placed on light duty for less than one week. According to QME dated March 3, 2014, complaints were noted as throbbing and sharp chronic pain to the left knee. Pain is rated at 5/10 without medication. The patient stated he did not take medication on date of QME. On physical exam of the left knee, palpation revealed nonspecific tenderness--moderate tenderness at the medial peripatellar and lateral peripatellar. Progress report dated May 05, 2014 noted complaints of intermittent pain in the right thigh and dull pain in the right knee. Right knee pain rated as 7/10. Visual inspection of right knee revealed same findings as March 3, 2014 visit. An MRI of the knees was ordered at the time of the May 05, 2014 visit. It is unknown if the MRI occurred. Pharmacological management noted at this visit is Keratek, 4 oz., three times a day and Norco 7.5/325 #30, 1 tablet once daily. The patient is also noted to be taking Coumadin and was scheduled for a follow-up evaluation in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 7.5mg/ 325 mg 1/2-1 tablet at night #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The California MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. The lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, the patient is in the chronic phase of treatment with a date of injury in 2008. There is no description of pain relief provided, such as VAS scores with and without opioid use, and no indication of functional benefit or return to work as a result of opioid use. Documentation does not include a signed narcotic agreement or urine drug screens indicating appropriate medication monitoring and screening for aberrant behavior. The patient is noted to have difficulty with sleep, and it appears that Norco is being prescribed for sleep issues, which is not an indication for the use of opioids. Subjective and objective benefit is not described in the records provided and thus ongoing use of opioids is not indicated in this case. The request for Hydrocodone/APAP 7.5/325 mg 1/2-1 tablet at night #30 is not medically necessary.