

<b>Case Number:</b>	CM14-0204643		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	06/30/2010
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Family Practice, 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:

This is a 58-year-old male claimant who sustained a work injury on June 30, 2010 involving the left knee. He was diagnosed with a tear of the medial meniscus tear internal arrangement. A progress note on June 25, 2014 indicated the claimant had persistent pain but it has improved with a Synvisc injection. At the time the claimant was on Norco, Zanaflex and topical Lidoderm. Exam findings were not mentioned. Another knee injection was given on June 17, 2014. Hey request was made in November 2014 to continue the Norco. (Hydrocodone).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10-325 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 82-92.

**Decision rationale:** Hydrocodone/APAP is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any

trials. In this case, the claimant had been on Hydrocodone /APAP for at least several months without functional improvement documentation. He continued to require injections. The continued use of Hydrocodone/APAP is not medically necessary.