

<b>Case Number:</b>	CM15-0133683		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58 year old male patient who sustained an industrial injury on 09/26/2011. The worker was employed as a cement mason foreman and the accident was described as having encountered cumulative trauma over the course of employment resulting in injury. A recent primary treating office visit dated 06/05/2015 reported the patient with subjective complaint of having bilateral knee pain. Current medications are: Hydrocodone 10mg, Naproxen, Pantoprazole, and Flexeril. The following diagnoses were applied: right knee medial meniscal tear, and status post remote left knee total arthroplasty (02/23/2013). The patient is with concern for a decline in activity and function. Objective findings showed tenderness, bilateral knees with limited range of motion. Disability arising from seated position. There is tenderness greatest at the medial and lateral joint line, right: lacks 20 degrees of extension, flexion at 80 degrees with pain. At a visit dated 05/08/2015 the plan of care was with continued recommendation to obtain new radiography study of bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioid Page(s): 78-88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 75-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Although there is assessment/risk stratifying of the worker, and performance of urine drug testing is noted, these factors by themselves are not sufficient. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supplies the requisite monitoring documentation to continue this medication.