

<b>Case Number:</b>	CM15-0187293		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	03/30/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Maryland

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

### 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 45 year old female who sustained an industrial injury 03-30-13. A review of the medical records reveals the injured worker is undergoing treatment for status post right total knee replacement and opioid dependence. Medical records (08-04-15) reveal the injured worker complains of pain in the right leg, knee and ankle, rated at 4-6/10, without mention of medications. The physical exam (08-04-15) reveals edema and crepitus, as well as tenderness to palpation in the right knee. Range of motion is limited with flexion at 50 degrees and extension at 100 degrees. Prior treatment includes knee braces, right knee surgery (10-04-13), non-steroidal anti-inflammatory medications, Norco, right total knee replacement (07/01/14), OxyContin, Percocet, arthroscopic lysis of adhesion and manipulation under anesthesia (10/2/14 and 2/24/15), Prilosec, home exercise program, physical therapy, Ambien, ranitidine, and Celebrex. The original utilization review (08-14-15) non certified the request for Hydrocodone 10/325 #120 and aqua therapy #10. The documentation supports that the injured worker has been on hydrocodone since at least 01-24-14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Hydrocodone 10/325mg, #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on long term opioids without significant objective increase in function. The request for continued Hydrocodone is not medically necessary.

**Aqua therapy 2 times a week for 5 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

**Decision rationale:** Aqua therapy 2 times a week for 5 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy for conditions such as extreme obesity. The MTUS physical medicine guidelines recommend a transition from supervised therapy to an independent home exercise program. The documentation indicates that the patient has had extensive prior PT with at least 64 prior therapy sessions for the knees. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 10 more supervised therapy visits therefore this request is not medically necessary.