

<b>Case Number:</b>	CM15-0188184		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	12/30/2003
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 50 year old, male who sustained a work related injury on 12-30-03. A review of the medical records shows he is being treated for bilateral knee pain. Current medications include Senokot, Flector patches, Effexor and Hydrocodone-acetaminophen 7.5-325mg. He has been taking Hydrocodone-acetaminophen since at least 4-2015. Previous pain medications include Tramadol. There is insufficient documentation related to how the pain medication is helping his pain or if he has any functional improvements. In the last few progress notes, the injured worker reports bilateral knee pain. He requires the use of braces on knees. On physical exam dated 8-10-15, his bilateral leg testing is difficult due to assess because of guarding. Bilateral knee exam reveals "significant" guarding and tenderness in knees. He is noted to have crepitus in both knees. He has difficulty standing and walking. He is not working. The treatment plan includes pain medication, for knee braces, for antidepressant medication and requests for modifications to his vehicle. In the Utilization Review dated 9-1-15, the requested treatment of Hydrocodone-Acetaminophen 10-325mg. #120 is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone - Acetaminophen 10/325mg #120:** 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 for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Hydrocodone 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 for several months without consistent documentation of pain scores. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Hydrocodone is not medically necessary.