

<b>Case Number:</b>	CM15-0189584		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	09/13/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Texas, 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 36 year old female, who sustained an industrial injury on 09-13-2014. She has reported injury to the left knee. The diagnoses have included left knee sprain-strain; left knee internal derangement; chondromalacia patellae; left knee posterior horn lateral meniscus tear; and status post chondroplasty of the lateral tibial plateau, lateral femoral condyle, and medial facet of patella, left knee. Treatment to date has included medications, diagnostics, cold pack, bracing, crutches, injections, surgical intervention, physical therapy, and home exercise regimen. Medications have included Norco, Ibuprofen, and Tramadol. A progress report from the treating provider, dated 05-18-2015, documented an evaluation with the injured worker. The injured worker reported that she has been taking Ibuprofen twice daily, as well as Norco on occasion for flare-ups of her knee; she has had constant pain in her knee that she rates at 5-6 out of 10 in intensity; and has had 12 sessions of postoperative physical therapy. Patient is 3 months post surgery. Objective findings included she is in no acute distress; she has tenderness over the medial facet of the patella; left knee range of motion is from 5 to 130 degrees of flexion; and she has focal tenderness along the medial facet of the patella and lateral tibial plateau to palpation. The treatment plan has included the request for Hydrocodone-Acetaminophen 10-325mg #60. The original utilization review, dated 08-27-2015, non-certified the request for Hydrocodone-Acetaminophen 10-325mg #60. The medication list includes Hydrocodone, ibuprofen and Tramadol. The patient had received an unspecified number of PT visits for this injury. The patient has had X-ray of the knee that revealed narrowing of lateral compartment of left knee. A recent urine drug screen report was not specified in the records provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids.

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

**Decision rationale:** Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics." A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend a urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The request for Hydrocodone/APAP 10/325mg #60 is not medically necessary or established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.