MAXIMUS Federal Services

| Case Number: | CM15-0041358 | | |
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| Date Assigned: | 03/11/2015 | Date of Injury: | 01/31/1997 |
| Decision Date: | 04/21/2015 | UR Denial Date: | 02/24/2015 |
| Priority: | Standard | Application Received: | 03/04/2015 |

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

## 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 68-year-old, female, who sustained an industrial injury on 01/31/1997. A functional restoration program progress note, dated 02/11/2015, reported the patient's disability status as permanent and stationary. The following diagnoses are applied; knee pain; status post bilateral total knee arthroplasty in 2004. She is prescribed the following medications; Hydrocodone 10/325mg #90 month, 1 three times daily for pain. An over the counter medication for spasm and antihypertensive and diuretic, Trialed and discontinued medications showed Celebrex, Quinine, Ambien,Roboxin, Lyrica, Tramadol, Tizanidine and Soma. Subjective complaint showed no change in knee pain or sensitivity. She rates her pain with medications on board a 2-3 out of 10 in intensity. Physical examination found upper extremities unremarkable. Unassisted gait, knees without edema. There was mild tenderness at the joint lines bilaterally, of knees. The plan of care involved continuing hydrocodone # 90, 10/325mg and return visit in one months' time.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient has residual bilateral knee pain with prolonged standing/walking following bilateral knee arthroplasties. The current request is for Hydrocodone 10/325mg #90. The attending physician report dated 2/11/15 states that the patient has no change in knee pain or sensitivity, although her knee pain fluctuates 2-3/10 with medications. The attending physician notes that her pain is relieved by 80-90% with medication. He notes the patient denies adverse side effects from the medication. Functionally he notes that the patient has improvement with exercise and social interactions and she is able to stay busy with various activities and with volunteering as she is now retired. She is sleeping 7 hours per night. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4A'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. The criteria for monitoring pain relief includes current pain, least reported pain over the period since last assessment, average pain, the intensity of pain after taking opioid, how long it takes for pain relief, and how long pain relief lasts. In this case, the attending physician met the four domains for monitoring chronic pain patients, including analgesia, ADLs, adverse side effects, and aberrant drug taking behaviors. The current request for Hydrocodone 10/325mg #90 is medically necessary and the recommendation is for authorization.