

<b>Case Number:</b>	CM15-0054198		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 60 year old male, who sustained an industrial injury on 01/28/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post right knee arthroscopic partial medial meniscectomy with chondroplasty, medial femoral condyle and patella and atrial fibrillation with rapid ventricular response. Treatment to date has included status post right knee arthroscopic partial medial meniscectomy with chondroplasty, medial femoral condyle and patella, echocardiogram, exercise stress test, x-ray of the cervical spine, medication regimen, and laboratory studies. In a progress note dated 09/16/2014 the treating provider reports a plus one effusion with moderate medial joint line tenderness and crepitus with range of motion. The medical records provided did not contain the request for the medication of Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Hydrocodone 7.5mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. There is no evidence on documentation submitted that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and an opioid contract. Furthermore the MTUS does not support opioid prescribing without evidence of functional improvement. The patient was prescribed Tramadol in the past and now the request is for Hydrocodone. Without clear documentation as recommended by the MTUS and assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) the request for Hydrocodone is not medically necessary.