

<b>Case Number:</b>	CM15-0083844		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	10/07/2014
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Massachusetts

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

### 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 34 year old male, who sustained an industrial injury on 10/07/2014, while employed as a field laborer. He reported twisting his right knee while stepping off a tractor. The injured worker was diagnosed as having medial collateral ligament tear, right knee. Treatment to date has included diagnostics, physical therapy, bracing, and medications. The PR2 report, dated 3/19/2015, referenced a right knee arthroscopy in 11/2014. Currently, the injured worker complains of right knee pain, rated 5/10, and improving. Medication use was noted as Hydrocodone with denied side effects. Current functional status was not described. His work status was temporary partial disability with no twisting, squatting, or kneeling on right knee. Urine drug screen (3/19/2015) was inconsistent with prescribed medications (negative for Hydrocodone).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 7.5mg quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in October 2014 and continues to be treated for right knee pain. When seen, pain was rated at 5/10 and was improving. Physical examination findings included decreased and painful knee range of motion with medial tenderness and crepitus. Medications included hydrocodone without side effects. Hydrocodone is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of hydrocodone is not medically necessary.