

<b>Case Number:</b>	CM15-0084244		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	03/21/1994
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/15/2015
<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: California

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 65 year old female who sustained an industrial injury on 03/21/1994. Current diagnoses include lumbago, opioid type dependence, status post left total knee arthroplasty, and chronic pain due to trauma. Previous treatments included medication management, left total knee arthroplasty, and right total knee arthroplasty. Report dated 02/04/2015 noted that the injured worker presented for follow of left knee pain status post left total knee replacement almost 6 months ago, and to start weaning of Norco. At the time of the report the injured worker was taking 10/325 mg, three times per day. Recently the injured worker was taken off Cymbalta due to interactions with other medications, but continues with Lyrica. Pain level was not included. Physical examination was unchanged, and left knee is healing well. The treatment plan included beginning weaning of Norco reducing strength to 7/325 mg #120 and then beginning weaning from four tablets to three tablets, and then down to two per day, discontinue Cymbalta, continue Lyrica, and follow up in three months. Disputed treatments include hydrocodone/APAP tab 7.5/325 mg, #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 7. 5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

**Decision rationale:** The 65 year old patient complains of pain in the left knee, as per progress report dated 02/04/15. The request is for Hydrocodone/APAP 7.5/325 mg QTY: 120. 00. The RFA for the case is dated 02/04/15, and the patient's date of injury is 03/21/94. The patient is six months status post left knee arthroplasty with history of right knee arthroplasty, as per progress report dated 02/04/15. Medications include Norco and Lyrica. The patient also has low back pain and right knee pain, as per progress report dated 08/19/14. Diagnoses, as per the same report, included osteoarthritis of bilateral knees, and degenerative disc disease of the lumbar spine. The patient continues to work full time, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, Norco is first noted in progress report dated 09/25/13, and the patient has been taking the medication consistently at least since then. In progress report dated 02/04/15, the treater states that the patient is "ready to begin weaning her Norco, currently is taking 10/325 mg three times daily, wishes to begin reducing the strength and then frequency." In progress report dated 05/05/15 (after the UR denial date) the treater states that Norco is being prescribed for "breakthrough pain," and it helps reduce the pain from 7-8/10 to 3-4/10. This helps the patient to stay active. The treater also states that the medications have no side effects. Nonetheless, no CURES and UDS reports are available for review. Additionally, the treater does not document specific impact of the opioids on function. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. The current prescription also does not represent a reduction in total dosing to show tapering. Hence, this request IS NOT medically necessary.