

<b>Case Number:</b>	CM14-0133714		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	10/07/2003
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 10/7/2003. Per orthopedic primary treating physician's interim report dated 7/31/2013, the injured worker continues to complain of persistent pain in her right knee with limited range of motion. She has been given a knee brace with a double upright hinge. She has lost approximately 40 pounds. She states that the previous brace she had is too large and is slipping and she needs one that is smaller that would suspend better. She did have a couple of episodes where her knee gave way and she slipped and fell injuring her back as well as bilateral wrists. On examination she has full range of motion of her wrists. Sensation is intact to the radial and digital ulnar nerve to both wrists. She has focal tenderness along the medial and lateral joint line of her right knee. Range of motion is from 10 to about 120 degrees. McMurray's is negative at the end of terminal flexion. Medial collateral and anterior cruciate and lateral collateral ligaments are intact to varus, valgus, and anterior and posterior stress. She has a mild positive Tinel, positive Phalen, and carpal compression test of the right hand. Diagnoses include 1) end state osteoarthritis of the right knee with tricompartmental arthritis status post Synvisc injection 2) right wrist carpal tunnel syndrome 3) bilateral wrist contusion 4) lumbar degenerative disc disease with associated lumbar facet syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 5/325 Supply 15 #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Continued opioid pain medications may be used if functional improvement is documented or the patient is able to return to work as a result of opioid pain management. There are not recent clinical notes provided for review. The requesting physician is noted to have recommended a medication physician manage her medications on a long-term basis one year prior to this request. The injured worker has subsequently been recommended for weaning from opioid pain medications. There is no current assessment for medical necessity of this medication. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for Hydrocodone/APAP 5/325 Supply 15 #60 is not medically necessary and appropriate.