

<b>Case Number:</b>	CM15-0123210		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Emergency 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 53 year old female, who sustained an industrial injury on 06/01/2010, secondary to pushing a car that had stopped working, resulting in a left knee injury. On provider visit dated 05/12/2015 the injured worker has reported left knee pain. On examination her gait was antalgic with the use of a brace and range of motion was decreased. Tenderness was noted over the medial and lateral joint lines. Positive McMurray was noted. Lumbar spine was noted to have tenderness and a limited range of motion. The diagnoses have included left knee chondromalacia patella, status post left knee arthroscopy with moderate to severe left knee degenerative joint disease, reactive depression and anxiety and compensatory low back component. Treatment to date has included bracing, laboratory testing and medication. The provider requested Hydrocodone 10mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC]; Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids, criteria for use, On-going Management; Opioids for chronic pain; Opioids for neuropathic pain; Opioids, dosing; Opioids, screening for risk of addiction (tests); Opioids,

specific drug list, Hydrocodone/Acetaminophen; Weaning of Medications Page(s): 43, 74, 76, 77, 78, 80, 82, 86, 90, 91, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Hydrocodone 10mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has left knee pain. On examination her gait was antalgic with the use of a brace and range of motion was decreased. Tenderness was noted over the medial and lateral joint lines. Positive McMurray was noted. Lumbar spine was noted to have tenderness and a limited range of motion. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone 10mg #90 is not medically necessary.