

<b>Case Number:</b>	CM15-0028517		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	06/19/2008
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, wrist, ankle, and low back pain reportedly associated with an industrial injury of June 19, 2008. In a utilization review report dated February 9, 2015, the claims administrator failed to approve a request for tramadol and Norco. A December 19, 2014 progress note was referenced in the determination. On August 1, 2014, the applicant reported ongoing complaints of low back and bilateral knee pain. The applicant was status post a left total knee arthroplasty at an unspecified point in time. The applicant was given prescriptions for Flexeril and Protonix. Permanent work restrictions were endorsed. 5-6/10 knee pain was noted. The applicant was also using Norco, tramadol, and Naprosyn, it was stated in another section of the note. The attending provider contented that the applicant was able to shop for groceries and groom himself with medications. On October 29, 2014, the applicant reported highly variable 4-8/10 low back and bilateral knee pain. Norco, Protonix, Naprosyn, a functional capacity evaluation, and work restrictions were endorsed. The applicant was not working with limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

**Decision rationale:** No, the request for Norco (hydrocodone - acetaminophen), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is seemingly off work, despite ongoing Norco usage. The attending provider failed to outline any meaningful or material improvements in function affected as a result of ongoing Norco usage. The attending provider's commentary to the effect that the applicant's ability to perform light household chores and groom himself with medications did not, in and of itself, constitute evidence of meaningful or material benefit achieved as a result of ongoing hydrocodone - acetaminophen (Norco) usage. Therefore, the request was not medically necessary.

**Tramadol ER 150mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

**Decision rationale:** Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off work. Work restrictions remained in place, seemingly unchanged, from visit to visit. The attending provider failed to outline any meaningful or material improvements in function affected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.