

<b>Case Number:</b>	CM15-0070266		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	12/13/2002
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: 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:

This 67 year old male sustained an industrial injury to the left knee on 12/13/02. Previous treatment included left knee total arthroplasty, home exercise and medications. In a PR-2 dated 3/20/15, the injured worker complained of left knee pain rated 4/10 on the visual analog scale associated with difficulty with activities of daily living, difficulty walking and running, memory loss and left lower extremity ting and weakness. Current diagnoses included left patellofemoral syndrome, abnormality of gait, post-traumatic arthritis and left chondromalacia. The treatment plan included medications (Voltaren XR, Protonix and Norco) and continuing home exercise. The injured worker reported significant pain relief and functional improvement with Norco

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The patient has been on the medication for an extended period of time with no appreciable change in pain management over time. Additionally, there is no documented evidence of compliance via a urine drug screen provided with this request. 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 continue treatment. The request for Hydrocodone/Acetaminophen 10/325mg #60 is determined to not be medically necessary and appropriate.