

<b>Case Number:</b>	CM15-0076172		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 60 year old, male who sustained a work related injury on 7/11/11. The diagnoses have included status post left knee surgery and right knee derangement. The treatments have included oral medications, acupuncture, use of knee braces, left knee surgery, and Synvisc injections into knees. In the PR-2 dated 3/10/15, the injured worker complains of ongoing pain in knees, right knee worse than left. He has trouble ambulating because of the pain. He has joint line tenderness to palpation. He has patellofemoral pain with palpation. He has swelling in right knee. He has left knee crepitation. The treatment plan is a refill prescription for medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroco/APAP tab 10-325mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: 2010 Revision, Web Edition; Official Disability Guidelines (ODG): Web Edition.

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

**Decision rationale:** This patient presents with bilateral knee pain. The Request for Authorization is not provided in the medical file. The current request is for HYDROCODONE/APAP TAB 10-325MG #60. The treatments have included oral medications, acupuncture, use of knee brace, left knee surgery (date of surgery not provided), and Synvisc injections. The patient is working regular duty. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 As, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. The medical file provided for review included progress reports from 08/07/14 through 03/10/15. According to progress report 03/10/15, the patient presents with ongoing knee pain and reports difficulty ambulating. Currently his right knee is worse than this left. Examination revealed joint line tenderness, medial and patellofemoral pain, right knee swelling and residual crepitation in the left knee. The patient was given a refill of Norco and Naprosyn. Report 12/16/14 documents that the patient has an increase in pain and the patient was given a refill of Norco. On 11/11/14, the patient complained of bilateral knee, right heel and left ankle pain. Recommendation was made for Synvisc injections and refill of medications were given. Report 10/02/14 states that the patient continues to work and has ongoing left knee pain and Synvisc injections were ordered. The patient was given a refill of Norco, Naprosyn and Zantac. This patient has been prescribed Norco since at least 08/07/14. Although the medical reports note that the patient is working regular duty, there is no discussion regarding medications. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. There are no urine drug screens or CURES reports to monitor compliance and no discussion regarding possible adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.