

<b>Case Number:</b>	CM15-0079838		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	09/26/2006
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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, Hawaii  
 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 65 year old female, who sustained an industrial injury on 09/26/2006. The initial complaints or symptoms included left foot and ankle pain. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, and right knee arthroplasty (2013). Currently, the injured worker complains of right knee pain rated 8/10 in severity, and left knee pain rated 7/10 in severity. The injured worker was noted to be taking hydrocodone 10mg up to 5 per day for severe pain and breakthrough pain for several months without decrease in pain levels. The diagnoses include status post right knee arthroplasty, rule out prosthetic loosening of right knee prosthesis, left knee degenerative osteoarthopathy, left ankle degenerative osteoarthopathy, and chronic lumbar myofascial pain. The request for authorization included a refill of hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting the bilateral knee. The current request is for Hydrocodone 10mg #150. The treating physician states, "Medication facilitates improve tolerance to a variety of activity. Medications include hydrocodone 10mg up to 5 per day when necessary severe pain and breakthrough pain. We will monitor closely. Taper is encouraged." (313 B) The treating physician also documents that the patient has been taking this medication since September 2014 and has not had any side effects. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "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. In this case, the treating physician has documented that the patient has not had any side effects to the medication and is able to tolerate some activity, but the patient consistently rates their pain as a 7-8/10 without a decrease in pain with the use of medication. MTUS requires much more thorough documentation of functional improvement in ADLs and before and after pain scales were not documented. There is no way to tell if the ongoing usage of hydrocodone is providing any improvement for this patient as required by MTUS. The current request is not medically necessary and the recommendation is for denial.