

<b>Case Number:</b>	CM15-0088302		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	12/07/2001
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 female, who sustained an industrial injury on 12-7-2001. Diagnoses include degenerative joint disease, osteoarthritis, and status post right total knee replacement. Treatments to date were not documented in the records submitted for review. On 3-27-15, she complained of right knee pain. Current medication was not listed; however the provider documented "the insurance company would not refill her medications unless she was seen today." The records documented hydrocodone-acetaminophen bitartrate 10-325mg #90 was prescribed on 9-9-13 for right knee pain and prescribed intermittently ever since. The records did not document objective or subjective evaluation of medication efficacy on pain relief or functional ability. There was no documented evidence submitted regarding a CURES, drug toxicology evaluation, or opioid agreement having been addressed. The physical examination documented mild right knee effusion with no loosening or laxity. The plan of care included "fill 3-3-15 script". The details of that prescription were not submitted for this review. The appeal requested authorization for hydrocodone-acetaminophen bitartrate 10-325mg. The Utilization Review dated 4-23-15, modified the request to allow for hydrocodone-acetaminophen bitartrate 10-325 #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Acetaminophen-Hydrocodone Bitartrate 10/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

**Decision rationale:** The cited CA MTUS guidelines recommend short acting opioids, such as hydrocodone, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's recent records (through 11-10-15) have not included documentation of the pain with and without medication, no significant adverse effects, pain contract on file, history of urine drug testing, objective functional improvement, performance of necessary activities of daily living, and other first-line pain medications. In total, the records do not indicate that she has had sustained functional improvement and documentation has not meet the cited guidelines. The injured worker should continue appropriate follow up and weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Therefore, the request for hydrocodone-acetaminophen bitartrate 10-325 #90 is not medically necessary and appropriate for ongoing pain management.