

<b>Case Number:</b>	CM15-0092026		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Internal 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 injured worker was a 53 year old female, who sustained an industrial injury, June 1, 2010. The injured worker previously received the following treatments status post left knee arthroscopy on October 22, 2010, Hydrocodone, Tramadol ER, tried and failed cortisone injections, orthovisc injections, physical therapy non-steroidal anti-inflammatory medications. The injured worker was diagnosed with left knee chondromalacia, status post left knee arthroscopic surgery, severe left knee degenerative joint disease, osteoarthritis of the left knee, reactive depression and anxiety and compensatory low back component. According to progress note of March 6, 2015, the injured workers chief complaint was severe ongoing left knee pain. The physical exam noted a genu vaum deformity. The bone palpation on the left knee noted tenderness of the medial joint line. There was decreased range of motion of 118 degrees with flexion and normal extension. There was pain with patellar inhabitation. The treatment plan included a prescription for Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10-325mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Ongoing management, Opioids: weaning. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The orthopedic progress report dated 11/11/14 documented that the patient is status post left knee arthroscopy October 2010. Patient reports 8/10 left knee pain. Diagnoses were left knee chondromalacia patella, status post left knee arthroscopy 10/22/10, moderate to severe left knee degenerative joint disease. Left total knee arthroplasty is indicated. The most recent studies indicate advanced osteoarthropathy. Toxicology screen was consistent. The primary treating physician's progress report dated 01/19/2015 documented a recommendation for a left knee custom unloader brace, and consideration for left total knee arthroplasty. The primary treating physician's progress report dated 03/06/2015 documented left knee pain. The patient reports severe left knee pain. The patient has tried and failed cortisone injections, Orthovisc injection, physical therapy, and NSAID medication. The patient has a limp and ambulates with cane. Left tenderness of the medial joint line was noted. Diagnosis was osteoarthritis of knee. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.