

<b>Case Number:</b>	CM13-0002627		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/03/2002
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 66-year-old female who sustained an occupational injury on 06/03/2002. The physician has submitted a request for Lortab 10/500 mg #120. There is no further information concerning this patient's diagnoses or treatment history due to a complete lack of documentation submitted by the requesting physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lortab 10/500mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines. Page(s): 91.

**Decision rationale:** The California MTUS states that hydrocodone/acetaminophen is indicated for moderate to moderately severe pain. California MTUS also states a recommendation for the "4 As" for ongoing monitoring. These four domains for monitoring have been summarized as the "4 As" and include monitoring for analgesia, activities of daily living, adverse side effects and aberrant drug-taking behaviors. The monitoring of these outcomes over time should affect

therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. While this patient may or may not have any diagnoses or current symptoms that require the use of an opiate for moderate to moderately severe pain, the complete lack of documentation provided with this request makes it impossible to make an informed decision concerning the patient's needs at this time. The request for Lortab 10 is not medically necessary and appropriate.