

<b>Case Number:</b>	CM14-0007589		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	12/10/2008
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Hand Surgery, and is licensed to practice in California. 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/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 claimant is a 57-year-old gentleman who was injured in a work related accident on December 10, 2008 when he tripped and fell at work resulting in acute low back complaints. The records provided for review document that the claimant is status post a lumbar fusion at the L5-S1 level. The January 3, 2014 progress report noted continued complaints of pain in the low back, right hip, right shoulder, elbow, and bilateral knees. It states the claimant had undergone recent Orthovisc injections for the bilateral knees for osteoarthritis as well as corticosteroid injection to the right elbow providing 50 percent relief for the last three weeks. Physical examination showed restricted range of motion to the right shoulder, bilateral knees and right hip; 4/5 strength of the right shoulder, positive McMurray's testing to the knees, medial joint line tenderness, and patellofemoral crepitation. Lumbar spine examination noted an antalgic gait with no documentation of motor or sensory deficit. The diagnosis was right shoulder chronic strain status post prior SLAP lesion repair, an antalgic gait, traumatic bilateral knee degenerative change with medial meniscal tearing of the right knee, right hip sacroiliac joint degenerative change and electrodiagnostic study evidence of a chronic left S1 radiculopathy. A prior Utilization Review did not support the use of continued short acting narcotic agents as of December 4, 2013 and recommended a tapering dose by 20 to 50 percent and did not recommend the chronic or continued use of short acting narcotic analgesics moving forward. This review is for a request for hydrocodone tablets, 5 mg dispense #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/APAP 5/325, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID CLASSIFICATIONS: SHORT-ACTING/LONG-ACTING OPIOIDS,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, weaning from opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 76-80.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued use of hydrocodone cannot be recommended. This individual has chronic complaints of pain but there is no documentation of significant benefit or significant change in symptoms with the usage of narcotics. The claimant was recommended a weaning dosage of narcotics prescribed in December of 2013. Therefore, the ongoing use of this agent, which was previously not supported and for which the appropriate weaning dose had been prescribed, would not be indicated as medically necessary. As such, the request is not certified.