

<b>Case Number:</b>	CM14-0156535		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	11/19/2010
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Internal Medicine 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 injured worker is a 46 year old female with a reported date of injury of 11/19/2010, mechanism of injury is not specified. Her diagnoses included status post left plantar fasciotomy 10/07/2013, left knee pain, and low back pain. Past treatments included use of a TENS unit. Her diagnostics included x-ray of the left ankle on 03/07/2014 with findings of a small plantar calcaneal spur, and disruption of a portion of the medial band of the plantar fascia distal to the calcaneal attachment site approximately 3.6 cm. Her complaints on 08/22/2014 included left knee pain 5/10, left plantar foot pain 6/10, and low back pain with lower extremity symptoms 6/10. Physical exam findings included tenderness to left plantar foot, left knee, and lumbar spine. Her medications included hydrocodone, naproxen, and pantoprazole. The treating providers treatment plan included continued observation in regards to lumbar spine and left knee, continued hydrocodone when necessary for severe and breakthrough pain, naproxen 550 mg twice a day, and pantoprazole 20 mg twice a day. Rationale for the request was not specified and the Request for Authorization was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone for pain:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 77.

**Decision rationale:** The request for Hydrocodone is not medically necessary. The injured worker complained of left knee and low back pain. The California MTUS Guidelines state that the ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. An adequate pain assessment should include the current pain level, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts, to meet the guideline specifications. The clinical documentation submitted did not evidence sufficient quantifiable information regarding pain relief, adverse reactions or evidence of consistent results on urine drug screens to verify appropriate medication use. Because of the lack of sufficient clinical documentation, the ongoing use of Hydrocodone is not supported by the guidelines. Therefore, the request is not medical necessary.

**Naproxen 550mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67..

**Decision rationale:** The request for Naproxen 550mg is not medically necessary. The injured worker complained of left knee pain and low back pain. The California MTUS Guidelines state NSAIDs are recommended at the lowest dose for the shortest period. The guidelines also state that NSAIDs are recommended as a second-line treatment after acetaminophen. There was a lack of documentation in regard to if the patient had tried and fail a first line therapy drug such as acetaminophen. In the absence of first line therapy the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.