

<b>Case Number:</b>	CM14-0173567		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	12/31/2001
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 and is licensed to practice in Minnesota. 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 54 year old male with a history of obesity and osteoarthritis of the spine and extremities. He is status post right total hip arthroplasty 10 years ago and left total hip arthroplasty 2 years ago. Also has back pain, knee pain, and foot/ankle pain. He has thoracic spondylosis and lumbosacral spondylosis. He is 5 feet 10 inches tall and weighs 264 lbs. His BMI is 37.9. He walks with a slight limp, has good motion in both hips, and complains of mild low back pain. Pain is worsened by going up the stairs. He gets a prescription for Anaprox DS 550 mg # 60 and Lortab 7.5/325 mg # 60 approximately once a year. The disputed issue is the prescription for Lortab 7.5/325 # 60, an opioid, which was not approved in light of the ongoing use without documentation and follow-up except on a yearly basis. However, UR approved the request for Anaprox which was felt to be appropriate and medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lortab 7.5/325 MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-91.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines specify the criteria for use of opioids. The available documentation does not specify a failed trial of non-opioid analgesics. A baseline pain and functional assessment should be made. The notes document improvement in pain, therefore the likelihood of weaning from opioids should be assessed. A written agreement for chronic use is not required but makes it easier to document a treatment plan. Opioids for chronic back pain provide short term relief. The documentation should include functional improvement as well as adverse effects. The recommended follow up is every 1 to 6 months depending upon adverse effects and pain status. The worker is being followed once a year for the medication. Lortab is indicated for moderate to moderately severe pain. However, the notes indicate mild pain. In light of the above the request for Lortab # 60 is not medically necessary per guidelines.