

<b>Case Number:</b>	CM14-0052506		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/26/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in 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 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 29 year old female who had a work related injury on 03/26/12. The injured worker tripped while mopping bathrooms and fell on her left leg. As a result of her accident, the injured worker developed pain in her left lower back, left gluteal region, left knee, and left ankle. The injured worker has since been evaluated with x-rays and magnetic resonance image. The injured workers' treatments to date have included medications, physical therapy which was ineffective, acupuncture which did not help a walking boot, and duty restrictions. The most recent document I have for review is dated 09/30/13 handwritten note subjective complaints were; it hurts more every day, popliteal left knee area and Lumbar pain on the left. The injured worker is working cleaning offices. Medications help. Objective findings were; tender left Achilles tendon, Medial popliteal tenderness and Left lumbar gluteal tenderness. Diagnosis is mechanical back pain, left knee strain, left ankle sprain. Prescription for Tramadol was given to the injured worker. Prior utilization review on 03/24/14 was denied. In reviewing the limited medical records submitted for review there was no documentation of decreased pain, the functional improvement with the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 5/325mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, opioid's.

**Decision rationale:** The request for hydrocodone/APAP 5/325mg #150 is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request for Norco. The limited medical records submitted for review there was no documentation of decreased pain, the functional improvement with the medication. Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. Therefore, the request of Hydrocodone/APAP 5/325mg #150 is not medically necessary and appropriate.