

<b>Case Number:</b>	CM14-0068619		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	01/28/2005
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Surgeon, and is licensed to practice in Arizona. 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:

This is a 68-year-old female who sustained an injury to her right hip on 1/28/2005. As a result of this injury and the pain that followed, the patient underwent a total hip replacement on 9/12/2005. Postoperatively she was found to have a sciatic nerve palsy which resulted in a foot drop which has been persistent. On an examination dated 3/25/2014, the patient stated she also had severe pain in her hip immediately following the surgery. She was initially treated with morphine and then switched to Norco as an outpatient. Currently, she complains of burning pain in her leg associated with numbness, pins, and needles feeling in her foot. She states that before taking her Norco, her pain is 5/10 and after taking it, it drops down to 2/10. The patient sees a provider every 3 months who is a pulmonary specialist. She does not see anyone specifically for her work related injury. Hydrocodone/APAP 10/325 mg #120 has been requested for her pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy Purchase of Hydrocodone/APAP 10/325MG #120:** 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.

**Decision rationale:** The Chronic Pain Guidelines list several actions that should be taken when a patient is on ongoing opioid therapy. They include ongoing monitoring of analgesic effect, activities of daily living, adverse side effects, and aberrant drug taking behavior. Included is drug screening for issues of abuse, addiction, or poor pain control and continuing review of the overall situation with regards to non-opioid means of pain control. There is no documentation available related to any of the above issues. There is no documentation that the patient has been tried on first line drugs that is anticonvulsants or anti-depressive therapy. In addition, long-term efficacy of opioids for chronic pain is unclear. Therefore, with lack of documentation and for the reasons listed above, the medical necessity for the continued use of opioids has not been established.