

<b>Case Number:</b>	CM14-0079530		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Management 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:

According to the records made available for review, this is a 38-year-old male with a 11/1/11 date of injury. At the time (4/24/14) of request for authorization for Hydrocodone/APAP 10/325mg #60 this refill only, there is documentation of subjective (left ankle pain) and objective (joint effusion noted, tender left ankle joint line and talofibular ligament) findings, current diagnoses (derangement of joint of ankle and foot), and treatment to date (medications (including ongoing treatment with Hydrocodone/APAP since at least 10/24/12)). Medical report identifies that medications help the patient to function. There is no documentation that the prescriptions are from a single practitioner and are taken as directed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/ APAP 10/325mg #60 this refill only:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of derangement of joint of ankle and foot. In addition, there is documentation of ongoing treatment with Hydrocodone/APAP. Furthermore, given documentation that Hydrocodone/APAP helps the patient to function, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Hydrocodone/APAP use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/APAP 10/325mg #60 this refill only is not medically necessary.