

<b>Case Number:</b>	CM14-0138004		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/27/1999
<b>Decision Date:</b>	03/02/2015	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 61 year old male with a date of injury as 08/27/1999. The cause of the injury was related to a fall. The current diagnoses include chronic pain, degenerative disc disease of the lumbar spine, right hip fracture of the femoral head, avascular necrosis of the femoral head, and status post right total hip arthroplasty. The utilization review noted that previous treatments include right total hip arthroplasty in 2001, multiple medications, physical therapy, acupuncture, chiropractic care, and cortisone injections. Follow-up evaluation dated 04/09/2014 was included in the documentation submitted for review. The injured worker presented with complaints that included ongoing pain in the right total hip replacement, exquisite tenderness in his lateral hip, and has increased pain radiating to the dorsum of his left hip. The injured worker uses a cane for ambulation sometimes. It was further documented that the injured worker is functionally quite limited. He has avascular necrosis bilateral hip, and had a right total hip replacement due to a fractured hip. The current medication regimen consists of generic Vicodin, Valium, and Soma, which the physician documented that the injured worker has been taking for years. Physical examination revealed discomfort with bending, localized back tenderness, weakness in the right hip and positive Trendelenburg sign. The physician noted that the injured worker's medical status has been slowly deteriorating and he does not request or require further invasive care. The injured worker's current work status was not provided. The utilization review performed on 08/19/2014 modified a prescription for hydrocodone/APAP based on medical necessity has not been fully substantiated and abrupt cessation is not recommended. The reviewer referenced the California MTUS in making this decision.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 5/325mg, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for an unknown length of time. Controlled substance agreement and pain scale response were not provided. There is no indication of Tylenol failure. The continued use of Hydrocodone is not medically necessary.