

<b>Case Number:</b>	CM14-0179706		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	04/09/2010
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old male who sustained an industrial related injury on 4/9/10 while playing basketball. A physician's report dated 5/17/13 noted the injured worker had complaints of a right ankle sprain. Physical examination findings included mild pain on the anteromedial aspect of the ankle. Full range of motion was noted in the ankle. The injured worker was using orthotics. The injured worker was recommended to return to work with no restrictions. On 10/29/14 the treating physician noted the primary diagnosis as sprain of the foot and requested authorization for Hydrocodone/APAP 7.5/300mg #50. On 10/2/14 the request for Hydrocodone/APAP 7.5/300mg #50 was non-certified. The utilization review (UR) physician cited the Chronic Pain Treatment Guidelines and noted there was no documented symptomatic or functional improvement from previous usage. Based on the currently available information and the absence of a current medical narrative report the request is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP tab 7.5/300mg QTY: 50:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

**Decision rationale:** This patient presents with right ankle sprain. The current request is for hydrocodone/APAP tab 7.5/300 mg qty: 50. For chronic opioids, the MTUS guidelines pages 88 and 89 states, Pain should be assessed at each visit and function should be measured at six-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4 A's including analgesia, ADLs, adverse side effects, and adverse behavior, as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The medical file provided for review includes progress reports from 02/21/2013 through 05/22/2013. None of these progress reports discussed the medication hydrocodone. The utilization review denied the request for hydrocodone stating that there is no documented objective evidence of derived functional benefit or visual analog scale with and without medication to document symptomatic or functional improvement from previous usage. Given the utilization statement, it appears this patient has utilized hydrocodone in the past. In this case, recommendation for further use cannot be made, as there is no discussion regarding functional improvement, changes in ADL, or change in work status to document significant functional improvement. There is no pain assessment or outcome measures as required by MTUS for opiate management. Furthermore, the medical file does not include any discussion regarding possible aberrant behaviors or adverse side effects with medication. The treating physician has failed to document the minimal requirements of documentation that are outlined in MTUS for continued opiate use. The requested hydrocodone/APAP IS NOT medically necessary and recommendation is for slow weaning per MTUS.