

<b>Case Number:</b>	CM14-0195751		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	01/23/2001
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 54 year old male sustained an injury to the left ankle on January 23, 2001. The mechanism of injury and the injured worker's work status were not included in the provided documentation. Prior treatment included oral pain medication, steroid injections, ice, and rest. On May 8, 2014, the treating orthopedic physician the injured worker was following up on his left ankle pain and wanting an injection. The physical exam revealed pain on range of motion and palpation of the subtalar joint. Diagnoses included subtalar arthritis. The injured worker underwent a left subtalar steroid injection on. The treatment plan included oral pain medication, ice, and rest. On October 28, 2014, the injured worker complained that his left ankle symptoms had returned. The injured worker reported that injections every 4-6 months had been successful, and requested and injection be given on this day. There was no documentation of a physical exam. The treating orthopedic physician administered a steroid injection. The treatment plan included oral pain medication, ice, and rest. On November 7, 2014 Utilization Review non-certified a prescription for Hydrocodone/APAP (Acetaminophen) tab 10/325mg, #50. The Hydrocodone/APAP was non-certified based on the lack of documentation to support medical necessity. There was no documentation of current use or failed trials of a first-line treatment option such as oral non-steroidal anti-inflammatory drug (NSAID) therapy, which would support medical necessity. The California MTUS Chronic Pain Medical Treatment Guidelines, opioids for chronic pain and criteria for use for a therapeutic trial of opioids were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP tab 10/325mg #50:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to take before a Therapeutic Trial of Opioids Page(s): 77.

**Decision rationale:** Hydrocodone/APAP tab 10/325mg #50 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The documentation does not indicate that the patient has had a trial and failed non opioid analgesics. Therefore, the request for Hydrocodone/APAP tab 10/325mg #50 is not medically necessary.