

<b>Case Number:</b>	CM15-0137888		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	02/27/2003
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 74 year old female, who sustained an industrial injury on 2/27/03. The mechanism of injury is not noted. The injured worker was diagnosed as having pain in ankle-foot joint, repair of peroneus longus and brevis tendons of right ankle, reflex sympathetic dystrophy and sciatica. Treatment to date has included topical medications Lidocaine 5% ointment, Voltaren 1% gel and Lidoderm patch; oral medications including Pantoprazole, Hydrocodone- APAP, Tizanidine, Lorazepam and Metoprolol. Currently on 6/10/15, the injured worker complains of severe pain in right lower extremity, right ankle and right foot radiating up to leg. Work status is noted to be permanent and stationary. Objective findings on 6/10/15 were noted to be antalgic gait with a cane for ambulation, mild to moderate edema in right ankle and lower leg, profound swelling to right ankle and right foot, mottling appearance to right ankle medial and laterally and severe hyperalgesia and allodynia to right lower extremity. The treatment plan included discontinuation of Protonix due to muscle spasm and replacing it with Prilosec and refilling of Norco, Voltaren gel and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg, #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning, however, further records indicate that the patient does have functional improvement on the medication. The prescribing physician has provided supporting documentation supporting that urine tox screens are consistent and patient safety has been addressed with respect to chronic risk of continued treatment; therefore the request for hydrocodone is considered medically necessary and appropriate based on the providing physician's records.