

<b>Case Number:</b>	CM15-0143733		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	02/17/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Pennsylvania, Ohio, 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 30 year old male, who sustained an industrial injury on February 17, 2013 while working as a loss prevention officer. The mechanism of injury was a fall while pursuing a customer. The injured worker sustained a fractured left leg and underwent surgery to reduce the fracture. The injured worker developed low back pain in the next three months, which radiated to the left lower extremity. The diagnoses have included fracture of the left fibula-tibia, lumbar disc protrusion, sciatica, lumbar radiculopathy, left peroneal neuropathy and rule out sympathetically maintained syndrome left lower extremity. Treatment and evaluation to date has included medications, radiological studies, MRI, lumbar-sacral orthosis back brace, physical therapy, electrodiagnostic studies and a transcutaneous electrical nerve stimulation unit. The injured workers disability status was noted to be permanent and stationary. Current documentation dated July 11, 2015 notes that the injured worker reported left distal lower extremity-ankle pain, low back pain with left lower extremity symptoms and left knee pain. The left knee pain was noted to be the result of a fall, secondary to the injured workers left lower extremity neurological deficit. The left lower extremity pain was rated a 7 out of 10, and the low back pain and left knee pain was rated a 5 out of 10 on the visual analogue scale. Examination of the lumbar spine revealed tenderness and a limited and painful range of motion. Spasm of the lumboparaspinal musculature was decreased. The treating physician's plan of care included requests for Hydrocodone 10 mg # 60 and Tramadol 50 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

**Tramadol 50mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.