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| <b>Case Number:</b>   | CM15-0031906 |                              |            |
| <b>Date Assigned:</b> | 02/25/2015   | <b>Date of Injury:</b>       | 08/10/2013 |
| <b>Decision Date:</b> | 04/06/2015   | <b>UR Denial Date:</b>       | 01/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/20/2015 |

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 55 year old male, who sustained an industrial injury on August 10, 2013. He reported injury to his cervical spine, right shoulder, right wrist, right hand, right thumb, lumbar spine and right tibia. The diagnoses have included chronic pain, cervical radiculitis, right ankle pain, right knee pain, status post right tibia open reduction internal fixation with residuals and history of comminuted fracture. Treatment to date has included diagnostic studies, surgery and medications. On November 24, 2014, the injured worker complained of low back pain that radiates down the right lower extremity. This pain is aggravated by activity and walking. He also complained of lower extremity pain in the right hip and leg. The pain is rated as a 5 on a 1-10 pain scale with medications and as an 8/10 on the pain scale without medications. On January 20, 2015, Utilization Review non-certified Hydrocodone/APAP 10/325mg #175 with one refill and Enovarx-Ibuprofen 10% kit #2, noting the CA MTUS Guidelines. On February 20, 2015, the injured worker submitted an application for Independent Medical Review for review of Hydrocodone/APAP 10/325mg #175 with one refill and Enovarx-Ibuprofen 10% kit #2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #175 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydrocodone/APAP 10/325 mg #175 with one refill is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are chronic pain; cervical radiculitis; right ankle pain; right knee pain; status post right tibia open reduction internal fixation with residuals; history of comminuted fractures. The documentation shows the injured worker was taking Norco as far back as May 13, 2014. Norco causes insomnia in the injury worker. The injured worker complains of persistent pain at the hip at the bone marrow donor site. The treating physician generated a CURES report. There was no risk assessment of the medical record. There was no detailed pain assessment in the medical record. There was no documentation of objective functional improvement in the medical record regarding long-term Norco use. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Norco (hydrocodone/APAP), hydrocodone/APAP 10/325 mg #175 with one refill is not medically necessary.

**Enovarx-ibuprofen 10% kit #2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydrocodone/APAP 10/325 mg #175 with one refill is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are chronic pain; cervical radiculitis; right ankle pain; right knee pain; status post right tibia open reduction internal fixation with residuals; history of comminuted fractures. The documentation shows the injured worker was taking Norco as far back as May 13, 2014. Norco causes insomnia in the injury worker. The injured worker complains of persistent

pain at the hip at the bone marrow donor site. The treating physician generated a CURES report. There was no risk assessment of the medical record. There was no detailed pain assessment in the medical record. There was no documentation of objective functional improvement in the medical record regarding long-term Norco use. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Norco (hydrocodone/APAP), hydrocodone/APAP 10/325 mg #175 with one refill is not medically necessary.