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| <b>Case Number:</b>   | CM15-0033618 |                              |            |
| <b>Date Assigned:</b> | 02/27/2015   | <b>Date of Injury:</b>       | 06/26/2012 |
| <b>Decision Date:</b> | 04/06/2015   | <b>UR Denial Date:</b>       | 02/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/23/2015 |

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 38 year old female, who sustained an industrial injury on 6/26/2012. The diagnoses have included complex regional pain syndrome, chronic pain with continuous narcotic use and major depressive disorder. Treatment to date has included medication. According to the submitted medical records, the injured worker was hospitalized with intractable low back and hip pain on 1/20/2015. A progress note dated 2/10/2015 during the inpatient admission, documents that the injured worker complained of tremendous amounts of pain in and about the left hip. She was also having separately dysesthesias, allodynia, what she described as fire ants on her leg below her knee. Physical exam revealed the left leg to be cooler to the touch than the right and slightly more edematous. The hospital course was noted to be complicated by orthostatic hypotension and syncope. The treatment plan was to continue to manipulate pain medications until pain under control to the point where the injured worker could either tolerate physical therapy and rehabilitation or be discharged home. The claimant had been on Oxycontin, Oxycodone, Tylenol and Morphine in the inpatient setting. On 2/13/2015, Utilization Review (UR) modified a request for Hydrocodone/APAP 10/325mg #60 to Hydrocodone/APAP 10/325mg #40. The claimant was noted to have intractable pain. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg tab #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 22, 41-42, 63, 67-68,78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids for several years with flares of intractable pain requiring multiple high dose analgesics. There is no indication that the Hydrocodone provides pain relief. Long term use of opioids can also lead to addiction and tolerance. The continued use of Hydrocodone is not medically necessary.