

<b>Case Number:</b>	CM14-0160392		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	12/31/2009
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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:

The injured worker is a 52-year old female with a date of injury on 12/31/2009. There is a 9/5/14 note from the physician stating the injured worker was seen with complaints of low back, left knee and right ankle pain. The injured worker complains of pain that is rated 8/10. However, she stated with Vicodin, the pain level is decreased to 4/10. The injured worker has difficulty doing her daily chores and has numbness and tingling in the left leg. She uses a cane for support and a transcutaneous electrical nerve stimulation unit as well. The pain keeps her up at night. The injured worker was again provided a prescription for hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 5/325mg QTY: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** The injured worker has likely been using this narcotic analgesic for some time. The 9/14 note stated that the injured worker's pain level has decreased from 8 to 4. However, there is no other indication of benefit with the medication. There is no indication of

improved function with the use of this medication. Her functional performance is characterized as something that she has difficulty with, secondary to pain. Given this, the request is not medically necessary.