

<b>Case Number:</b>	CM14-0164434		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	10/05/2013
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 California. 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 37-year-old woman who injured herself while stepping off a bus on 10/5/2013. She suffered an osteochondral fracture of the left talus, lateral ligament instability, tenosynovitis of the peroneal tendon and had an Arthroscopic Synovectomy, Tenosynovectomy of the peroneal tendons, Lateral Ligament Reconstruction and Debridement of the Microfracture followed by physical therapy. Exam shows decrease in range of motion and loss of strength of the left ankle. She was placed in a night splint and walking boot and a wheelchair was ordered. The worker has a history of a knee injury. Several progress reports are attached but are illegible. Notes on Feb 26, 2014 and March 26, 2014 prescribe Norco for the worker. A note on July 2, 2014 and others, prescribe Vicodin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10-325mg #40:** 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, Criteria for use Page(s): 76-78.

**Decision rationale:** Per the Medical Treatment Utilization Schedule (MTUS), Hydrocodone/Acetaminophen (APAP) is a short-acting opioid: also known as "normal-release" or "immediate-release" opioids, seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is 3-4 hours. Hydrocodone has a recommended maximum dose of 60 mg in 24 hours. The tablet product dose is limited by the dosage of Acetaminophen, which should not exceed 3,000 mg in 24 hours. The Food and Drug Administration (FDA) recommends combined formulations of opioids with acetaminophen have no more than 325 mg of acetaminophen per tablet. Under the Criteria for Use of opioids, ongoing management, actions should include ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. Four domains have been proposed relative for ongoing monitoring: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. None of these criteria have been documented. In addition, an opioid contract is optional, but has not been furnished. Another reason to continue opioids is if the worker has returned to work; however, this information has not been made available either. Last, according to multiple office notes, this worker has been prescribed opioids in the past; however, there is no urine drug screen to test for adherence. The request is not medically necessary.