

<b>Case Number:</b>	CM14-0098446		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/01/1987
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 64-year-old female was reportedly injured on October 1, 1987. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 26, 2014, indicates that there are ongoing complaints of low back pain with radiculopathy, bilateral knee pain, and depression. The physical examination demonstrated ambulation with the assistance of a walker. Examination of the right knee noted swelling and tenderness at the patella, the medial joint line, and the medial femoral condyle. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for hydrocodone/acetaminophen and was not certified in the pre-authorization process on May 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone acetaminophen 7.5/325 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78 of 127.

**Decision rationale:** Hydrocodone/acetaminophen is a short-acting opioid combined with acetaminophen. CAMTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for hydrocodone/acetaminophen is not medically necessary.