

<b>Case Number:</b>	CM15-0009287		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	02/06/2001
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47-year-old female who reported injury on 02/06/2001. The documentation of 11/21/2014 revealed the injured worker had no acute changes in her pain condition. The injured worker indicated the medications helped reduce the pain by 60% and the injured worker was able to walk further. The injured worker had completed physical therapy sessions for the right ankle. The medications included hydrocodone/APAP 10/325 with 1 to 2 tablets every 8 hours, diclofenac sodium 1.5% 60 gm apply to affected area 3 times per day, Soma 350 mg 1 tablet every 8 hours, pantoprazole Protonix 20 mg #60 with 1 to 2 daily for stomach, nabumetone 500 mg 1 three times a day anti-inflammatory and ketamine 5% cream apply small amount to affected area twice a day. The request was made for tizanidine hydrochloride 4 mg capsules, nabumetone 500 mg, pantoprazole Protonix 20 mg, hydrocodone/APAP 10/325 and diclofenac sodium 1.5 gm. The diagnoses included long term use meds NEC and pain in joint ankle foot. The injured worker was noted to continue to work full time and worked 2 different jobs. The injured worker was able to tolerate the work well. The injured worker had an updated opioid contract in the medical chart and the DEA CURES Report that showed no medications from any other provider. The injured worker had urine drug screens that were consistent. The injured worker was not having side effects with medications and there was a continuation with medication management plan. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10-325 MG #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60;78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects and had objective functional benefit. However, there was a lack of documentation of an objective decrease in pain. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for hydrocodone/APAP 10/325 mg #180 is not medically necessary.