

<b>Case Number:</b>	CM15-0093919		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	05/18/2011
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 56 year old female, who sustained an industrial injury on 5/18/11. She reported walking on an unlighted sidewalk and fracturing her ankle when she fell off a 12 inch drop. The injured worker was diagnosed as having complex regional pain syndrome, nonunion of the right calcaneal cuboid and posterior subtalar joints and status post right subtalar arthrodesis. Treatment to date has included Hydrocodone (since at least 3/2015), a cane and right heel boot. As of the PR2 dated 4/14/15, the injured worker reports continued pain in the right foot with hypersensitivity and radicular symptoms. The treating physician requested to continue Hydrocodone 10/325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management.

**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 Norco/Hydrocodone without routine documentations of pain levels. There was no indication of Tylenol or NSAID failure. Continued use of Hydrocodone is not justified and not medically necessary.