

<b>Case Number:</b>	CM15-0095247		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	12/04/2003
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 36 year old male with an industrial injury dated 12/04/2003. The mechanism of injury is documented as a fall with immediate severe pain to his left hip. He was diagnosed with a left femoral neck fracture followed by surgery. His diagnoses included instability - sacroiliac, pelvic/thigh/hip degenerative joint disease, avascular necrosis of bone of left hip, avascular necrosis of femoral head, reflex sympathetic dystrophy lower limb, unspecified neuralgia, neuritis and radiculitis. Prior treatment included physical therapy, surgery, medications, intra-articular injections, second surgery (left hip dislocation and trochanteric advancement surgery), therapeutic left hip arthrogram and total left hip arthroplasty. He presents on 04/28/2015 with complaints of hip pain. He states pain control has been inadequate over the past month. Quality of life is 50% better with medication and he is able to do independent activities of daily living. Physical exam noted asymmetric and abnormal gait. The injured worker was unable to do heel and toe walk. Medications tried in the past included Hydrocodone, Lyrica, Methadone and Ultram. He was currently taking Hydrocodone, Tramadol and Neurontin for pain. Tennessee prescription management program report was reviewed and was appropriate. Urine drug screen and pill count was appropriate. The treatment request was for Hydrocodone 7.5 mg - acetaminophen 325 mg one tablet every 8 hours as needed for 28 days # 84.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 7.5/325mg #84:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 74-96.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of lack of evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for hydrocodone/acetaminophen 7.5/325 #84 is not considered medically necessary.