

<b>Case Number:</b>	CM13-0029966		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	03/25/1996
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Preventive 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 Physician 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:

According to the records made available for review, this is a 48-year-old female with a 2/1/07 date of injury. At the time (8/30/13) of request for authorization for Lortab, there is documentation of subjective (pain in the bilateral elbow and bilateral hands with pain and numbness in the bilateral wrists and up to the bilateral shoulders causing difficulty sleeping) and objective (tenderness to palpation in the cervical spine, spasm in the paravertebral and trapezius muscles, tenderness to palpation in the bilateral elbows, tenderness in the bilateral wrists, and decreased sensation in the bilateral hands and mild decreased sensation over the fingers) findings, current diagnoses (neck sprain, shoulder sprain, tennis elbow, and wrist sprain), and treatment to date (medications (including ongoing treatment with Lortab)). Medical report identifies that medications assist in reducing or aiding in resolving the patient's signs and symptoms. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with the use of Lortab.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LORTAB:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Neck and Upper Back, Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 74-80. Decision based on Non-MTUS Citation California Code of Regulations, section 9792.20.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of neck sprain, shoulder sprain, tennis elbow, and wrist sprain. In addition, there is documentation of ongoing use of Lortab. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation of a rationale that medications assist in reducing or aiding in resolving the employee's signs and symptoms, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications. Therefore, based on guidelines and a review of the evidence, the request for Lortab is not medically necessary.