

<b>Case Number:</b>	CM13-0054201		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/29/2006
<b>Decision Date:</b>	03/13/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Pain Management and is licensed to practice in Florida. 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:

The patient is a 72 year old male who reported an injury on 11/29/2006. The mechanism of injury was noted to be a cumulative trauma. The patient was noted to have problems with his neck and back and shoulders as well as upper extremities. The patient was noted to continue a home exercise program. The patient's diagnoses were noted to include cervical and thoracic strain, multilevel lumbar disc desiccation, and bulging with left lower extremity radiculopathy, bilateral shoulder impingement syndrome with weakness, bilateral elbow strain, bilateral carpal tunnel syndrome, status post bilateral hand trigger finger releases, right knee pain following arthroscopy, status post left knee arthroscopy, hypertension, depression, and insomnia. The request was made for a refill of hydrocodone/APAP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APA 10/325 1 PO Q6-8 PRN #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Ongoing Management Page(s): 60, 78.

**Decision rationale:** California MTUS Guidelines indicate that medications for chronic pain include hydrocodone. There should be documentation of an objective decrease in the VAS score, objective functional improvement, documentation of adverse side effects, and documentation of aberrant drug behavior. The clinical documentation submitted for review failed to provide documentation of the above recommendations. The request for medication refill for hydrocodone/APAP 10/325 mg 1 by mouth every 6 to 8, as needed #60 is not medically necessary.