

<b>Case Number:</b>	CM13-0069235		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/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 42-year-old male who reported injury on 08/23/2012. The mechanism of injury was the patient was shot pointblank in the left chest by an irritated customer. The patient's medication history included Vicodin as of 02/2013. The documentation of 11/11/2013 revealed the patient had persistent left shoulder and left thoracic pain. The pain was 6/10. The patient's diagnoses included rotator cuff strain/sprain and rotator cuff syndrome, elbow strain/sprain and elbow pain, cervical strain/sprain, and chronic pain syndrome. The request was made for a refill of the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocone 5/500mg #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, ongoing management Page(s): 60,78.

**Decision rationale:** California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side

effects. The clinical documentation submitted for review failed to indicate the patient had documentation of the above criteria. The patient was noted to be taking the medication since 02/2013. Given the above, the request for hydrocodone 5/500 mg #60 is not medically necessary.