

<b>Case Number:</b>	CM14-0002522		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	01/07/2009
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Anesthesiology, Pain Medicine 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 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 injured worker is a 31-year-old female who reported an injury on 01/07/2009. The mechanism of injury was not provided. On 12/17/2013, the injured worker presented with migraine headaches. Upon examination, the injured worker had a non antalgic gait, was able to sit for 15 minutes without any limitations or evidence of pain, and had full range of motion to the bilateral wrists with pain upon gripping and grasping. Current medications include hydrocodone. The diagnoses were carpal tunnel syndrome and epicondylitis medial. The provider recommended hydrocodone/APAP 5/325 mg; the provider's rationale was not provided. The Request for Authorization form was dated 01/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/APAP 5/325,G:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, THERAPEUTIC TRIAL OF OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The request for hydrocodone/APAP 5/325 mg is non-certified. The California MTUS recommend the use of opioids for ongoing management of chronic low back

pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the injured worker has been prescribed hydrocodone since at least 01/2014; the efficacy of the medication was not provided. The provider's request did not indicate the frequency or quantity being requested. Therefore, the request for Hydrocodone/APAP 5/325,G is not medically necessary.