

<b>Case Number:</b>	CM14-0103613		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/26/2010
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 43-year-old female was reportedly injured on 8/26/2010. The mechanism of injury is undisclosed. The claimant underwent an ulnar nerve transposition on 3/31/2014. The most recent progress notes dated 5/13/2014 and 6/4/2014, indicates ongoing complaints of right elbow pain (9/10). Physical examination of the upper extremity demonstrated tenderness over scar around elbow, grip/pinch strength, left 15, right 8, elbow strength, left +4/5, right +3/5, elbow range of motion: extension 0 degree, flexion 145 degrees, pronation 40 degrees, supination 75 degrees, wrist extension 60 degrees, and wrist flexion 65 degrees. MRI of the right elbow dated 7/8/2013 demonstrated evidence of ulnar transposition surgery with the ulnar nerve volar to the medial epicondyle with postsurgical metallic artifact seen within the adjacent soft tissue. Diagnoses are listed as right ulnar neuropathy and right lateral epicondylitis. Previous treatment includes multiple surgical procedures, physical therapy, occupational therapy, and medications to include Vicodin and Percocet. A request was made for Hydrocodone 5/325 milligrams quantity 150 four refills, which was partially certified for weaning purposes in the utilization review on 6/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 5/300 mg #150 X 4: 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 Page(s): 74-78, 88, 91.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Review of the available medical records, documents that the claimant has been given two short acting opiates to include Oxycodone and Hydrocodone. Given the lack of objective clinical documentation of improvement in pain and/or function with the current regimen therefore, this request for Hydrocodone is not medically necessary.