

<b>Case Number:</b>	CM14-0114077		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 58 year old male presenting with chronic pain following a work related injury on 06/12/2009. The claimant was diagnosed with right moderate carpal tunnel syndrome, right elbow epicondylitis and cubital tunnel syndrome with right ulnar neuropathy, history of bilateral shoulder surgeries, chronic depression and anxiety, tension headaches, and diabetes. The claimant has tried medications, physical therapy, surgeries, shoulder injections, restricted duty, and pain management. EMG showed evidence of bilateral carpal tunnel syndrome. The physical exam showed moderate tenderness to palpation and decreased range of motion in the shoulders; right wrist and hand had mild tenderness, positive Tinel's and Phalen's on the right. A claim was placed for Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP tablet 5/500mg day Supply 30 # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** Hydrocodone/APAP tablet 5/500mg day supply 30 #60 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.