

<b>Case Number:</b>	CM14-0045900		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	01/30/2002
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	03/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Medicine and is licensed to practice in California 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 48 year old female who reported an injury to her right upper extremity. The mechanism of injury is not described. The clinical note dated 04/22/13 indicates the injured worker utilizing Hydrocodone for ongoing pain relief. The note indicates the injured worker complaining of pain and swelling throughout the right upper extremity. All activities exacerbated the injured worker's pain. The clinical note dated 01/13/14 indicates the injured worker continuing with right upper extremity pain with radiating pain into the neck and shoulders. The note indicates the injured worker continued with the use of Hydrocodone as well as Voltaren gel, Tizanidine, and Celebrex. Strength deficits were identified throughout both upper extremities. The injured worker rated the pain as 5/10 at that time. The utilization review dated 01/25/14 resulted in a denial for the continued use of Hydrocodone as insufficient information had been submitted confirming the injured worker's positive response to the use of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lorta.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.