

<b>Case Number:</b>	CM14-0053505		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/08/2002
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 55-year-old female was reportedly injured on June 8, 2002. The mechanism of injury is undisclosed. The most recent progress note, dated March 19, 2013, indicated that there were ongoing complaints of neck pain, back pain, headaches, bowel and bladder changes, and nausea. There were also complaints of left elbow pain. The physical examination demonstrated tenderness over the lumbar spine paraspinal muscles and decreased range of motion of the left elbow. There were diagnoses of chronic pain syndrome, cervical pain, and cervical disc disorder. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included oral medications. A request was made for Theracodophen and was not certified in the preauthorization process on April 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Theracodophen 325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78.

**Decision rationale:** Theracodophen is hydrocodone combined with acetaminophen. The California Medical Treatment Utilization Schedule (MTUS) supports short acting opiates for the short term management of moderate to severe breakthrough pain. Management of opiate medications should include 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. The injured employee has chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen or the prior usage of opioid medications. As such, this request for Theracodophen is not medically necessary.