

<b>Case Number:</b>	CM14-0054706		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 47-year-old female who reported an injury on 10/05/2009. The mechanism of injury involved a fall. Current diagnoses include lumbar sprain/strain, cervical sprain/strain, bilateral knee sprain/strain, and right elbow sprain/strain. The injured worker was evaluated on 03/03/2014 with complaints of persistent pain over multiple areas of the body, as well as insomnia. Current medications include hydrocodone 5/500 mg, cyclobenzaprine 7.5 mg, omeprazole 20 mg, and topical creams. Physical examination on that date revealed decreased range of motion of the cervical spine, positive swelling in the bilateral knees, and decreased range of motion of the right elbow. Treatment recommendations included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 5/500 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized hydrocodone since 2009. There is no documentation of objective functional improvement. Despite the ongoing use of this medication, the injured worker continues to report high levels of pain over multiple areas of the body. There is also no documentation of a written pain consent or agreement for the chronic use of an opioid. There is also no frequency listed in the current request. As such, the request is not medically necessary.