

<b>Case Number:</b>	CM14-0073632		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/02/2009
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Oklahoma. 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 52-year-old male who reported an injury on 11/02/2009 due to cumulative trauma. The injured worker had a history of numbness and pain to the upper extremity located at the left little and ring fingers. The injured worker had diagnoses of carpal tunnel syndrome, recurrent knee pain, and cervical degenerative disc disease. On 12/06/2006 he had a right knee partial medial lateral meniscectomies, arthroscopic and a status post deep vein thrombosis to the right lower leg date the same day. On 10/26/2014 the injured worker had a status post right partial medial meniscectomy and chondroplasty. The diagnostics included MRI of the cervical spine, multiple x-rays, electromyogram, and nerve conduction study to the upper extremities. The past treatments included physical therapy x2, medications, and home exercise programs. The objective findings dated 05/14/2013 revealed range of motion of the upper extremities included the right elbow extension of 0 to the right and left, flexion 40 degrees right and left, the forearm included supination and pronation at 80 degrees bilaterally. The Tinel's test was positive to the ulnar bilaterally. The range of motion at the neck revealed flexion at 90 degrees and extension at 70 degrees. Range of motion of the shoulders revealed the flexion is 80 degrees bilaterally and extension 50 degrees bilaterally. The muscle strength of the shoulder revealed a 5-/5 bilaterally. The examination revealed no muscle spasms, swelling, or deformities. The muscle strength to the back extensors, lateral flexors, hip flexors, extenders, and abductors were normal. Muscle strength to the knee flexors and extenders was a 5-/5 on the right. The neurological examination revealed sensation to pinprick was negative bilaterally. Range of motion at the knees revealed a flexion of 135 degrees bilaterally. The medications included Norvasc 5 mg and hydrocodone 10/325 mg with no VAS (visual analog scale). The treatment

plan included home exercise, hand specialist, and medications. The Request for Authorization dated 02/24/2014 was submitted within documentation. No rationale provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**1 prescription of Hydrocodone/APAP 10/325 mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

**Decision rationale:** The CA MTUS states hydrocodone/acetaminophen is indicated for moderate to moderately severe pain and there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes provided were vague as to the injured worker's pain level. The clinical note was not evident of any side effects, analgesics or any potential aberrant behavior. The request did not address frequency. As, such the request is not medically necessary per MTUS Guidelines.