

<b>Case Number:</b>	CM14-0193905		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	10/07/2011
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Tennessee. 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:

This is a 58-year-old female with a 10/7/11 date of injury. The injury occurred when he was repositioning a client in bed and felt a sharp pain on the inner left arm. The most recent progress report provided for review was dated 11/12/14; however, it was handwritten and illegible. According to a 4/2/14 note, the patient presented with antecubital swelling and pain due to lifting her disabled son. She has had acute and chronic pain in her arm, shoulder, and neck. Hydrocodone and Soma seemed to keep her functioning. Diagnostic impression: pain in shoulder region, pain in forearm. Treatment to date: medication management, activity modification. A UR decision dated 11/12/14 denied the request for Hydrocodone/APAP 10/325 #60. The medical necessity is not established in the presented documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroco/APAP 10/325 #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the present case, the most recent medical records provided for review were handwritten and illegible. There is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Hydroco/APAP 10/325 #60 was not medically necessary.