

<b>Case Number:</b>	CM14-0197844		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	12/27/1994
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 65 year old male sustained work related industrial injuries on December 27, 1994. The mechanism of injury was not described. He subsequently complained of elbow pain. The injured worker was diagnosed and treated for left lateral epicondylitis. The injured worker's treatment consisted of pain management, a tennis elbow strap as needed, and periodic follow up visits. According to the provider notes dated June 23, 2014, physical exam revealed mild tenderness in left elbow. Documentation noted that the injured worker continued to work, and the use of the pain medication allowed him to remain functional and employed. On October 30, 2014, Utilization Review evaluated the request for Hydrocodone/APAP 5/325 mg #30 with 2 refills that was requested on October 23, 2014. The UR modified the request to thirty tablets without refills between June 23, 2014 and January 26, 2015, noting a lack of sufficient clinical documentation to support the ongoing use of an opioid medication in accordance with the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 5/325mg #30 x 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95; 124.

**Decision rationale:** Hydrocodone with acetaminophen is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed records indicated the worker was experiencing left elbow discomfort. The documented pain assessment contained few of the elements recommended by the Guidelines. In the absence of such evidence, the current request for thirty tablets of hydrocodone with acetaminophen 5/325mg with two refills is not medically necessary.