

<b>Case Number:</b>	CM15-0000138		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 64 year old man sustained an industrial injury on 10/13/2008. The mechanism of injury was not detailed. Current diagnoses include status post left shoulder arthroscopy with left shoulder pain with limited range of motion, cervical spine strain/sprain with underlying spondylosis, lumbar sprain/strain with lumbar DID and facet arthrosis, laceration left ear, laceration over the dorsum of the left hand with persistent scarring and swelling over the dorsum of the wrist with chronic tendinitis in the wrist, history of left knee laceration, cervicogenic headaches, and triggering of the third digit of the left hand. Treatment has included oral medications. Per physician notes on 11/18/2014, the worker complains of left shoulder and wrist pain and low back pain, his pain rating is 8/10 today, but gives a range of 4/10 with medications and 10/10 without medications. The worker has stated that he has approximately a 50% decrease in pain and 50% improvement in functioning with medications versus not taking them at all. Range of motion is noted to be limited in the cervical and lumbar spine. Recommendations include continuing the current medication course as it keeps him functional and his urine drug screens have been appropriate. On 12/3/2014, Utilization Review evaluated a prescription for Hydrocodone 5/325 mg #120 that was submitted on 12/31/2014. The UR physician noted that the worker was engaged in a weaning process form Hydrocodone, therefore, a decision was made to modify the amount of medication requested. The MTUS, ACOEM Guidelines, or ODG was cited. The request was subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 74-80.

**Decision rationale:** This injured worker has chronic back and leg pain with an injury sustained in 2008. The medical course has included use of medications including narcotics. Per the guidelines, in opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 11/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to hydrocodone to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of hydrocodone is not substantiated in the records.