

<b>Case Number:</b>	CM15-0106670		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 50 year old male, who sustained an industrial injury on 1/17/2014. He reported low back pain. The injured worker was diagnosed as having cubital tunnel syndrome of right elbow, and right elbow ankylosis. Treatment to date has included medications, electromyogram, and work restrictions. On 4/9/2015, he complained of continued numbness, tingling, pain and weakness of the right arm. He is noted to have right sided facial droop with a slight visual acuity deficit, limited range of motion of the right elbow, and was noted to have an electromyogram confirming cubital tunnel syndrome. The treatment plan included: work restrictions. The medication list includes Naproxen, Butrans patch, Flector patch, Theramine, Ibuprofen and Cymbalta. Patient sustained the injury when he was trimming an almond tree. Patient had received cortisone injection for this injury. Patient has received an unspecified number of PT visits for this injury. Per note dated 5/6/15 patient had complaints of pain in right elbow and weakness and numbness I wrist. Physical examination of the right elbow revealed limited range of motion, muscle weakness and atrophy and positive Tinel's sign. A recent detailed urine drug screen report was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lortab 7.5/325 MG 360 with 1 Refill:** 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, criteria for use: page 76-80 Criteria For Use Of Opioids Therapeutic Trial of Opioids.

**Decision rationale:** Request: Lortab 7.5/325 MG 360 with 1 Refill Lortab contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid medications is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Therefore, the medical necessity of 360 tablets of Lortab, a controlled substance, all at one time, along with 1 refill is not fully established in this patient. The medical necessity of Lortab 7.5/325 MG 360 with 1 Refill is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. Therefore, the request is not medically necessary.