

<b>Case Number:</b>	CM15-0198771		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/11/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 64 year old male, who sustained an industrial injury on September 11, 2014. The injured worker was diagnosed as having status post left epicondylar release, status post human bite to the left wrist, left elbow pain with synovitis, and rule out post traumatic left radial tunnel syndrome. Treatment and diagnostic studies to date has included laboratory studies, status post left lateral epicondyloplasty with partial epicondylectomy and left extensor carpi radialis brevis tendon origin repair on May 08, 2015, physical therapy, electromyogram, medication regimen, physical therapy, injection to the left lateral upper condyle, use of a transcutaneous electrical nerve stimulation unit, home exercise program, use of ice, use of heat, and magnetic resonance imaging of the left elbow. In a progress note dated September 03, 2015 the treating physician reports complaints of pain to the left elbow, left forearm, and left wrist. Examination performed on September 03, 2015 was revealing for pain with range of motion to the left wrist, tenderness to the proximal forearm extensors, tenderness to the left wrist, and hyperesthesia to the left elbow. The injured worker's medication regimen on September 03, 2015 included Hydrocodone (since at least prior to August 06, 2015). The injured worker's pain level on September 03, 2015 to the left elbow and forearm was rated a 7 out of 10 and the left wrist was rated a 6 out of 10, but the progress note did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. On September 03, 2015 the treating physician

requested Hydrocodone 10mg with a quantity of 60 noting current use of this medication. On October 06, 2015, the Utilization Review denied the request for Hydrocodone 10mg with a quantity of 60.

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

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

**Hydrocodone 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Hydrocodone 10mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on opioids without significant functional improvement therefore the request for Hydrocodone is not medically necessary.