

<b>Case Number:</b>	CM15-0206759		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	08/24/2013
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 37 year old woman sustained an industrial injury on 8-24-2013. Diagnoses include right elbow surgery, persistent pain to the right lateral upper condyle and proximal forearm, left elbow lateral epicondylitis, and left shoulder pain. Treatment has included oral medications including Tramadol (since at least 4-29-2015) and Hydrocodone (since at least 6-11-2015), TENS therapy, and physical therapy. Physician notes dated 8-18-2015 show complaints of bilateral elbow and forearm pain rated 6 out of 10 and left shoulder pain rated 5 out of 10. The physical examination shows no signs of infection, mild pain with wrist extension against resistance, tenderness to the bilateral lateral epicondyle and left shoulder. Left shoulder range of motion "remains limited". No measurements are included. Recommendations include continue TENS unit therapy, Tramadol, Hydrocodone, urine drug screen, and follow up in three weeks. Utilization Review denied a request for Hydrocodone on 9-16-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 5/325mg BID #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:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Additionally the records do not provide a rationale for simultaneous use of Hydrocodone and tramadol. For these multiple reasons, this request is not medically necessary.