

<b>Case Number:</b>	CM15-0056762		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: District of Columbia, Virginia  
 Certification(s)/Specialty: Internal 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 38 year old, female who sustained a work related injury on 4/4/11. The diagnoses have included tendinitis bilateral shoulders, lateral epicondylitis bilateral elbows, carpal tunnel syndrome bilateral wrists, cervical spine sprain, right shoulder osteoarthritis and bilateral carpal tunnel releases. Treatments have included medications, pain medicine ointment, bilateral carpal tunnel surgery, wrist brace and ice packs. In the PR-2 dated 2/6/15, the injured worker complains of neck stiffness and aching with popping and tightness. She rates this pain a 4/10. She has radiating pain into both arms and numbness in fingertips. She complains of left and right shoulder aching and has limited range of motion. She has bilateral elbow tenderness and popping. She has bilateral wrist weakness and limited range of motion. She has tenderness over right shoulder joint. The treatment plan is a prescription for Hydrocodone/APAP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone, acetaminophen (APAP) 5/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792  
Page(s): 74-75,79-82.

**Decision rationale:** Per MTUS: Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Shortacting opioids include Morphine (Roxanol), Oxycodone (OxyIR, Oxyfast), Endocodone, Oxycodone with acetaminophen, (Roxilox, Roxicet, Percocet, Tylox, Endocet), Hydrocodone with acetaminophen, (Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco), Hydromorphone (Dilaudid, Hydrostat). (Baumann, 2002) This patient had chronic pain issues and was prescribed multiple medications. In progress note in Feb 2015, the patient was requesting a refill of this medication. There is no documentation of functional improvement while on this medication. This medication is also not indicated for long term pain treatment. A weaning process should be initiated. The request is not medically necessary.