

<b>Case Number:</b>	CM15-0057192		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	12/02/2004
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/10/2015
<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: Arizona, 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 61-year-old female, who sustained an industrial injury on 12/02/2004 after performing office work and was diagnosed with cervical degenerative disc disease. On provider visit dated 02/18/2015 the injured worker has reported wrist pain. On examination, she was noted to not have used Hydrocodone for 6 months. Cervical spine was noted to have full range of motion, pain with rotation. Wrists were noted to have pain with range of motion. The diagnoses have included cervical radiculopathy due to degenerative joint disease of spine. Treatment to date has medication. The provider requested Hydrocodone/APAP 5/325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Hydrocodone/APAP 5/325mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** According to the MTUS guidelines, it is not indicated as first line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone and opioids for several years. The claimant had been off Hydrocodone for past several months. Due to persistent pain, a request was made to resume medications. However, pain scores were not noted. Introduction of alternatives such as Tylenol were not mentioned. The request was for sparing use; however, a four time's daily dose was prescribed. The Hydrocodone as prescribed is not medically necessary.