

<b>Case Number:</b>	CM14-0184340		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine, and is licensed to practice in California & Washington. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 reported an injury on 08/27/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical sprain, carpal tunnel syndrome, radial styloid tenosynovitis, and lumbar sprain/strain. Past medical treatment consists of physical therapy, the use of a TENS unit and medication therapy. Medications consist of naproxen sodium 550 mg, carisoprodol 350 mg, omeprazole 20 mg and hydrocodone 10/325. There were no UAs or drug screens submitted for review. On 08/27/2014, the injured worker complained of bilateral wrist pain. The injured worker also complained of neck, back and shoulder pain. Physical examination revealed paravertebral muscles were tender. There were spasms present. Sensation was reduced in bilateral median nerve distribution. Range of motion revealed flexion of 27 degrees, extension 22 degrees, right rotation at 40 degrees, left rotation of 40 degrees, right lateral bending at 20 degrees and left lateral bending at 20 degrees. Muscle testing was 5/5 bilaterally. Reflexes were 2+ bilaterally. Cervical compression and Spurling's were negative bilaterally. Medical treatment plan was for injured worker to continue with a TENS unit and medication therapy. Rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for hydrocodone 10-325mg #60:** 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 Ongoing Management, Hydrocodone/Acetaminophen Page(s): 78,91.

**Decision rationale:** The request for hydrocodone 10/325 with a quantity of 60 is not medically necessary. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the hydrocodone was helping with any functional deficits. Additionally, there was no assessment submitted for review indicating what pain levels were before, during, and after medication administration. Furthermore, there were no UAs or drug screen submitted for review showing that the injured worker was compliant with prescription medications. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.