

<b>Case Number:</b>	CM15-0114336		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: California

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

### 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 40 year old male, who sustained an industrial injury on June 13, 2013. He reported pain in the right shoulder, neck and chest wall. Treatment to date has included medications, physical therapy, right ulnar nerve decompression surgery, right shoulder arthroscopic surgery, diagnostic imaging, and functional restoration program. Currently, the injured worker complains of continued severe pain in the right elbow. He reports that the pain is increased with any repeated use of the right arm such as activities that require extension of the hand. He reports intermittent swelling. On physical examination the injured worker has normal muscle tone in the bilateral upper extremities and his right elbow surgical incision is well-healed. There is mild swelling at the medial aspect of the right elbow and the right elbow is tender to palpation. The diagnoses associated with the request include pain in shoulder joint, pain in upper arm, pain in forearm and neck pain. The treatment plan includes continued Norflex ER, Norco, and continued physical therapy. A progress report dated December 23, 2014 identifies that the patient feels Norco helps significantly with pain from physical therapy. The patient also reports significant decrease in pain from Norco, states that he does not take it when driving, and states that it allows him to tolerate physical therapy exercises. The patient indicates that the medication reduces his pain from 8/10 to 3-4/10. He denies side effects from the current medication regimen. State database queries are reportedly consistent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325 mg #75:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Hydrocodone 10/325 mg #75, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Hydrocodone 10/325 mg #75 is medically necessary.