

<b>Case Number:</b>	CM15-0115325		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: 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:

This 66-year-old female sustained an industrial injury on 2/28/11. She subsequently reported neck pain. Diagnoses include lateral epicondylitis, carpal tunnel syndrome, shoulder joint pain, degeneration of cervical intervertebral disc. Treatments to date include MRI testing and prescription pain medications. The injured worker continues to experience neck and bilateral upper extremity pain. Upon examination, there was mild flexed forward trunk posture and multiple tender points along the upper trapezius bilaterally. She remains neurologically intact. The treating physician made a request for Hydrocodone medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 5/325mg #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** This injured worker receives treatment for chronic pain syndrome. The patient has been diagnosed with carpal tunnel syndrome, cervical disc disease, and headaches. This relates back to an industrial injury dated 02/28/20. This review addresses a request for Hydrocodone with acetaminophen 5/325 mg #90 with 2 refills. Hydrocodone is a short acting opioid. The documentation states that with the medication the level of pain is 7/10. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function while taking the medication, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with is not medically necessary.