

<b>Case Number:</b>	CM13-0003844		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	10/14/2003
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 patient is a 61-year-old female who has submitted a claim for right carpal tunnel syndrome, left carpal tunnel release and release of De Quervain's tenosynovitis, arthroscopy, right shoulder with acromioplasty, debridement, Mumford procedure, arthroscopy, left shoulder with acromioplasty, debridement, Mumford procedure and biceps tenodesis, cervical strain with chronic myofascial pain and right upper extremity cervical radiculitis associated with an industrial injury date of October 14, 2003. The medical records from 2012- 2013 were reviewed which revealed persistent moderate to severe neck and right shoulder pain. Pain scale was 5- 6/10. The surgery caused her to have difficulty in performing her activity of daily living and personal care. The pain was relieved by medications specifically with intake of Norco and MS Contin. A physical examination of right wrist showed positive Tinel sign. The range of motion was 40 degrees in extension, 30 degrees in flexion, 10 degrees in radial deviation and 20 degrees in ulnar deviation. A right shoulder examination showed acromioclavicular joint tenderness. Impingement, Supraspinatus, Apprehension, Drop arm tests and Sulcus sign were all negative. A cervical spine examination revealed tenderness over bilateral paracervical, levator scapulae and trapezius muscles. Spurling sign was positive. The treatment to date has included left shoulder arthroscopy, epidural injections, physical therapy sessions, transcutaneous electrical nerve stimulation and left carpal tunnel and De Quervain's release. The patient has already taken Norco, MS Contin, Soma, Zanaflex, Mobic, Elavil, Protonix, Lidoderm patch and Neurontin. The utilization review from July 12, 2013 modified the requests for Hydrocodone- Acetaminophen 10/325 mg and MS Contin 30 mg for weaning purposes.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **HYDROCODONE-ACET 10/325:** 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 2009, 9792.24.2, Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the earliest progress report stating the patient's usage of Hydrocodone and Acetaminophen (Norco) was dated September 13, 2012. A progress report, dated March 25, 2013, mentioned that she had pain relief and was able to do her activities of daily living with the use of Hydrocodone-Acetaminophen 10/325mg (Norco). In addition, there were no attributed side effects noted with the use of this medication. However, the current clinical and functional status of the patient is unknown. Moreover, the present request does not specify the amount of medication to dispense. Therefore, the request for Hydrocodone-Acet 10/325 is not medically necessary.

### **MS 30 MG:** 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 2009, 9792.24.2, Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the earliest progress report stating the patient's usage of MS Contin 30 mg was dated September 13, 2012. A progress report dated March 25, 2013 mentioned that she had pain relief and was able to do her activities of daily living with the use of MS Contin 30 mg. In addition, there were no attributed side effects noted with the use of this medication. However, the current clinical and functional status of the patient is unknown. Moreover, the present request does not specify the amount of medication to dispense. Therefore, the request for MS Contin 30 mg is not medically necessary.