

<b>Case Number:</b>	CM13-0019784		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, elbow pain, wrist pain, and bilateral upper extremity pain reportedly associated with an industrial injury of July 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; at least 18 sessions of physical therapy over the life of the claim; unspecified amounts of acupuncture over the life of the claim; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of August 13, 2013, the claims administrator denied a request for hydrocodone and a urine drug screen. The applicant's attorney subsequently appealed. A subsequent progress note of February 17, 2014 was sparse, handwritten, not entirely legible, difficult to follow, notable for comments that the applicant was reportedly worsened and reported multifocal bilateral shoulder pain with associated tenderness to touch, stiffness, weakness, and limited range of motion. The note employed preprinted checkboxes and provided little or no narrative commentary. The applicant was asked to obtain a shoulder rehabilitation kit, pursue an additional 12 sessions of physical therapy, and remain off of work, on total temporary disability. It was stated that Norco "did not help." Flexeril was apparently endorsed. An earlier note of January 16, 2014 was also notable for comments that the applicant was off of work, on total temporary disability. The applicant seemingly remained off of work at various points throughout 2013, including on December 9, 2013 and November 4, 2013, in which the primary treating provider stated that the applicant should remain off of work indefinitely. Urine drug testing was performed for drug compliance. The applicant apparently underwent shoulder surgery on November 8, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE 10MG PO QD TIMES 30 DAYS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** Hydrocodone is an opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, these criteria have not seemingly been met. The employee is off of work, on total temporary disability. The employee reports heightened pain complaints as opposed to reduced pain complaints. Ultimately, the attending provider himself noted that Norco did not help and suggested discontinuation of the same. On balance, then, the criteria established on page 80 of the MTUS Chronic Medical Treatment Guidelines for continuation of opioid therapy have not been met. Accordingly, the request is not certified, on Independent Medical Review.

**URINE ANALYSIS (UA) FOR DRUG COMPLIANCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS guidelines do not establish specific parameters for or a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter, Urine Drug Testing topic, an attending provider should clearly state which drug tests and/or drug panels he intends to test for along with a request for drug testing. An attending provider should also attach the applicant's complete medication list to the request for testing, ODG further notes. In this case, however, the attending provider did not clearly state which drug tests and/or drug panels he intended to test for along with the request for testing. The notes on file were sparse, handwritten, and not entirely legible. It was difficult to discern the employee's complete medication list based on the documents submitted. Several ODG criteria for pursuit of drug testing have not seemingly been met. Therefore, the request is not certified.