MAXIMUS Federal Services

| Case Number: | CM13-0041702 | | |
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| Date Assigned: | 12/20/2013 | Date of Injury: | 02/28/2006 |
| Decision Date: | 02/27/2014 | UR Denial Date: | 10/03/2013 |
| Priority: | Standard | Application Received: | 10/30/2013 |

## 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 Family Practice 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 patient is a 47-year-old male who reported a work related injury on 02/28/2006 as the result of a fall. Subsequently, the patient presents for diagnoses as follows, post-concussion syndrome, mononeuritis of the upper limb, vertigo, adhesive capsulitis of the shoulder and sprained rotator cuff. The clinical note dated 09/24/2013 reports the patient was seen in the clinic under the care of [redacted] The provider documents the patient's current medication regimen included hydrocodone 7.5/325 1 by mouth 4 times a day, Topamax 25 mg 1 by mouth at bedtime, Propranolol ER 60 mg 1 tab at bedtime, Pristiq 50 mg every day, Relpax, Sumavel Dosepak, and Pennsaid. The provider documents the patient's rate of pain is at a 6/10 to 7/10 with medications and 9/10 without medications. The provider documented a request for Norco 10/325 mg, 1 to 2 taken 3 times a day, as well as continued work of IEP to decrease hypersensitivity of the shoulder skin so the patient could subsequently undergo scar mobilization.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 7.5/325mg, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** California MTUS Guidelines state, "4 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 potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking 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." The clinical notes failed to document to support the long-term necessity of the patient's utilization of Norco 10/325. The clinical notes provided do not indicate the patient did not present with a significant increase in functionality to the left shoulder. As the provider documented the patient is status post multiple surgical interventions to the left shoulder. Given all of the above, the request for hydrocodone 7.5/325 mg #180 is not medically necessary or appropriate.