

<b>Case Number:</b>	CM13-0053912		
<b>Date Assigned:</b>	03/31/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Internal 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 41 year old female who was injured on 09/09/2013 while she was moving files from a drawer, resulting in it falling towards her. Per the records provided, she sustained various lacerations, puncture wounds, as well as head, neck and upper extremity injuries. Prior treatment history has included physical therapy, ibuprofen, Tylenol, Diclofenac, Flexeril and subacromial injections. The diagnostic studies reviewed include x-rays, four views, revealing a reversal of normal cervical lordosis at rest. There is cervical kyphosis at rest. There is no sign of spondylosis or arthrosis. The AP and lateral views of the right shoulder show mild hypertrophy of the acromioclavicular joint. The acromion is type II. No sign of arthrosis. The three views of right wrist are unremarkable. Four views of the lumbar spine show no evidence of any disc space narrowing or osteophytosis. There is no degenerative change. There is no evidence of spondylosis or spondylolisthesis or degenerative change seen. A clinic note dated 09/13/2013 revealed the following diagnoses of cervical strain with right upper extremity radiculitis, thoracolumbar strain, right shoulder bursitis with acromioclavicular joint pain and right wrist laceration/strain. During that visit, patient complained of 8/10 pain in the neck, 9/10 pain in right shoulder and 9/10 pain in back. She was using ibuprofen and acetaminophen at the time. PR-2 dated 10/04/2013 documented the patient to have complaints of persistent right shoulder and arm pain. She was given a right subacromial injection previously which did provide temporary relief. Her pain levels have returned to their pre-injection levels. She also complains of low and mid back pain. Objective findings on exam included the cervical paraspinals are tender to palpation. She can flex her neck to a point where her chin is within two fingerbreadths of her chest. Extension is 40 degrees. Rotation is 60 degrees to the right and left. Spurling's maneuver is positive on the left. The thoracic and lumbar paraspinals are tender. Most of the tenderness is in the lumbar region. Spasm is present. She can flex to 50 degrees and extend to 20

degrees. Bending is 20 degrees to the right and left. Straight leg raise maneuver is negative. The right shoulder is tender about the biceps tendon. The acromioclavicular joint is tender to palpation. Active abduction is 140 degrees. Flexion is 150 degrees. External rotation is 80 degrees. Internal rotation is to the lower lumbar spine. The supraspinatus and impingement maneuvers produce pain. The diagnoses are cervical strain with right upper extremity radiculitis, thoracolumbar strain and right wrist laceration/strain. The treatment plan is to prescribe the patient medications to decrease her symptoms that will consist of Tizanidine and Hydrocodone. I recommend that the patient be referred for evaluation and treatment of physical therapy to the right shoulder and back, two times a week for five weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**HYDROCODONE/APAP:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the CA MTUS guidelines, steps should be taken before initiating opioid therapy. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The medical records detail that the patient was using ibuprofen and acetaminophen, and was still complaining of back and shoulder pain. In other words, the patient has failed to respond to non-opioid analgesics. The medical records do substantiate the patient has moderate to moderately severe pain inadequately responsive to non-opioid analgesics, and consequently the medical necessity for Hydrocodone/APAP has been established.