

<b>Case Number:</b>	CM14-0017854		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	10/31/2006
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 an employee of [REDACTED] and has submitted a claim for chronic cervicgia, cervical discopathy, left shoulder adhesive capsulitis, left shoulder full thickness rotator cuff tear with medial retraction, bilateral shoulder strain, bilateral carpal tunnel syndrome, chronic lumbago and lumbar discopathy associated with an industrial injury date of October 31, 2006. Treatment to date has included oral, topical and parenteral analgesics and aquatic therapy. Medical records from 2013 were reviewed and showed significant neck, left shoulder and low back pain. Physical examination showed spasm and tenderness in the paracervical musculature and pain with motion, limitation of motion of the left shoulder, AC joint tenderness. Impingement sign and Sciatic test were positive. Lumbar spine examination revealed tenderness and muscle spasm. The patient has been noted to be taking Norco as far back as May 2013. Weaning was recommended from TID to BID on October 8, 2013 due to prolonged use however Tramadol was subsequently added to provide pain relief. Utilization review dated January 20, 2014 denied the request for hydrocodone/APAP 10/325mg #90 because records did not clearly reflect continued analgesia and functional benefit, and a lack of adverse effects or aberrant behavior. There was also no documentation of an opiate pain contract or CURES monitoring.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/APAP 10/323MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN; ON-GOING MANAGEMENT Page(s): 81; 79-80.

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

**Decision rationale:** 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 patient has been taking Norco as far back as May 2013 however there was no documentation on the pain relief (in terms of pain scale) and functional improvement (in terms of specific activities of daily living) that the patient can perform attributed to the use of opioids. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for hydrocodone/APAP 5/323 mg is not medically necessary.