

<b>Case Number:</b>	CM14-0115578		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/17/2010
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 59-year-old female who reported an injury on 08/17/2010. The mechanism of injury was noted to be cumulative trauma. Prior treatment included medications, physical therapy, injections, and restricted duty. She was noted to have right shoulder arthroscopic surgery on 11/14/2011. She also had carpal tunnel release and trigger finger release on 01/23/2014. A Primary Treating Physician's Progress Report on 01/23/2014 notes the injured worker with subjective complaints of right shoulder pain. The objective findings revealed very limited range of motion of the right shoulder and weakness on resisted movements. There was tenderness over the anterior and lateral deltoid. Her right hand had a well-healed carpal tunnel release surgical scar. She had a positive Phalen's test. There was tenderness over the palmar aspect of the flexor tendons of the hand. The treatment plan is for a followup appointment regarding the right shoulder with the surgeon. The rationale for the request was not provided. A Request for Authorization form was also not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325 mg tablets #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The request for Hydrocodone/APAP 10/325 mg tablets quantity #30 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opiates. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) 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 documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review fails to provide an adequate pain assessment. The pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the provider's request fails to indicate a dosage frequency. As such, the request for Hydrocodone/APAP 10/325 mg tablets quantity #30 is not medically necessary.