

<b>Case Number:</b>	CM14-0115792		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/20/2014
<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 Orthopedic Surgery 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:

This 32-year-old female textile laborer sustained an industrial injury on 11/2/12, due to cumulative trauma with repetitive work activities. The patient underwent right shoulder arthroscopic subacromial decompression, Mumford procedure, and rotator cuff debridement on 9/16/13. The 11/20/13 treating physician report cited persistent right shoulder pain and weakness, and continued neck and arm symptoms. Physical exam documented cervical paraspinal and bilateral trapezius muscle tenderness, restricted cervical motion, decreased right C5 and C6 dermatomal sensation, biceps tenderness and weakness, and mild atrophy of the anterior deltoid. The treatment plan recommended continued physical therapy, hydrocodone/APAP 10/325 mg #60, Motrin, Ultram, and Prilosec. The 6/20/14 utilization review denied the request for hydrocodone/acetaminophen #90 for date of service 11/20/13 as there was no documentation of measurable subjective or functional benefit, or current guideline-recommended documentation of opioid management. Records indicated that requests for this medication had been denied on 6/28/13 and 8/19/13 based on no documentation of efficacy relative to decreased pain or increased functional ability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen, qty 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen, page(s) 76-80, 91 Page(s): 76-80, 91.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for the use of this medication in the absence of required documentation. There is no documentation of reduced pain, increased function, or improved quality of life relative to medication use in the progress reports or medical legal reports available for review. There is no documentation of on-going opioid therapy management consistent with guidelines. Multiple denials of Norco are noted in the file suggesting that weaning is not necessary. Therefore, this request for Hydrocodone/Acetaminophen #90 is not medically necessary.