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| <b>Case Number:</b>   | CM14-0120869 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 01/04/2012 |
| <b>Decision Date:</b> | 09/18/2014   | <b>UR Denial Date:</b>       | 07/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/31/2014 |

### 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 Family Medicine and is licensed to practice in North Carolina. 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 injured worker sustained an injury on 1/4/12 while employed by [REDACTED]. Request(s) under consideration include Retrospective request for Hydrocodone Bit/APAP 10/325mg, QTY: 60 for the service date of 6/16/14. Diagnoses include lumbar sprain/strain; shoulder joint pain s/p left shoulder arthroscopy in November 2012; left ankle/foot joint pain; left knee joint pain. Report of 6/16/14 from the provider noted the patient with chronic left shoulder pain; left foot/ankle and low back pain. Medications help to reduce some pain for greater function. Exam showed left shoulder joint tenderness with limited range; mildly positive Tinel's at left elbow. Medications list Diclofenac, Hydrocodone/APAP, and Ibuprofen. Treatment included continued work restrictions and medication refills. The request(s) for Retrospective request for Hydrocodone Bit/APAP 10/325 mg, QTY: 60 for the service date of 6/16/14 was not medically necessary on 7/16/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Hydrocodone Bit/APAP 10/325 mg, QTY: 60 for the service date of 6/16/14: Upheld**

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

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

**Decision rationale:** The injured worker sustained an injury on 1/4/12 while employed by [REDACTED]. Request(s) under consideration include Retrospective request for Hydrocodone Bit/APAP 10/325 mg, QTY: 60 for the service date of 6/16/14. Diagnoses include lumbar sprain/strain; shoulder joint pain s/p left shoulder arthroscopy in November 2012; left ankle/foot joint pain; left knee joint pain. Report of 6/16/14 from the provider noted the patient with chronic left shoulder pain; left foot/ankle and low back pain. Medications help to reduce some pain for greater function. Exam showed left shoulder joint tenderness with limited range; mildly positive Tinel's at left elbow. Medications list Diclofenac, Hydrocodone/APAP, and Ibuprofen. Treatment included continued work restrictions and medication refills. The request(s) for Retrospective request for Hydrocodone Bit/APAP 10/325 mg, QTY: 60 for the service date of 6/16/14 were not medically necessary on 7/16/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Retrospective request for Hydrocodone Bit/APAP 10/325 mg, QTY: 60 for the service date of 6/16/14 are not medically necessary and appropriate.