

<b>Case Number:</b>	CM14-0166894		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	12/01/2009
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Florida. 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 year 40 old male who was injured on 12/1/2009. The diagnosis is left shoulder pain, rotator cuff tear, and bursitis and impingement syndrome. The MRI of the left shoulder showed supraspinatus, infraspinatus and subscapularis tendinosis and AC degeneration. On 8/6/2014, [REDACTED] noted objective findings of tenderness of the acromioclavicular joint and muscle spasm. There was decreases range of motion. The patient completed chiropractic and physical therapy (PT) treatments. The medications are Anaprox and Norco for pain and Fexmid for muscle spasm. A Utilization Review determination was rendered on 9/18/2014 recommending non-certification for Hydrocodone/Acetaminophen 2.5/325mg #120

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 2.5/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAID and PT. The records indicate that the patient is utilizing NSIADs and muscle relaxants. The patient is awaiting a surgical consult. There are no documentation of opioid compliant measures such as urine drug screen (UDS), Pain Contract and documentation of aberrant drug behavior. The chronic use of opioid is associated with the development of tolerance, sedation, addiction, hyperalgesia and adverse interaction with other sedatives. The criterion for the use of Hydrocodone/Acetaminophen 2.5/325mg #120 was not met. Therefore, the requested medication is not medically necessary and appropriate.