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| <b>Case Number:</b>   | CM14-0172495 |                              |            |
| <b>Date Assigned:</b> | 10/23/2014   | <b>Date of Injury:</b>       | 09/05/2007 |
| <b>Decision Date:</b> | 12/12/2014   | <b>UR Denial Date:</b>       | 10/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/17/2014 |

### 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 Management and is licensed to practice in Tennessee. 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 42-year-old female who has submitted a claim for left shoulder pain, insomnia, medication-related dyspepsia, complex regional pain syndrome and status post left shoulder surgery associated with an industrial injury date of 9/5/2007. Medical records from 2014 were reviewed. The patient complained of neck pain radiating down bilateral upper extremities rated 8/10 in severity and associated with numbness. Pain was relieved to 5/10 upon intake of medications. This resulted to activity limitations particularly in self-care and hygiene, hand function, and sleep. The patient stated that intake of opioids and H2 blocker provided 60% pain relief with improvement in sitting and sleeping. No side effects were noted. There was no perceived aberrant drug behavior. Physical examination showed tenderness and limited motion of the left shoulder. Treatment to date has included stellate ganglion block, left shoulder surgery, physical therapy, and medications such as hydrocodone, Ambien, gabapentin, naproxen, oxycodone, Protonix, tizanidine, and tramadol (since at least May 2014). The utilization review from 10/8/2014 modified the request for hydrocodone/apap 10/325 mg into hydrocodone/apap 10/325 for the purpose of a trial to taper to a lower dose or to cessation if possible by decreasing dosage by 10% every 2-4 weeks because of lack of ongoing review concerning pain relief, functional status, appropriate medication use, and side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

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

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant 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, patient was prescribed hydrocodone/apap since at least May 2014. The patient complained of neck pain radiating down bilateral upper extremities rated 8/10 in severity and associated with numbness. Pain was relieved to 5/10 upon intake of medications. This resulted to activity limitations particularly in self-care and hygiene, hand function, and sleep. The patient stated that intake of Opioids provided 60% pain relief with improvement in sitting and sleeping. No side effects were noted. There was likewise no perceived aberrant drug behavior. Guideline criteria for continuing opioid management were met. However, the present request as submitted failed to specify quantity to be dispensed. The request was incomplete; therefore, the request for hydrocodone/APAP 10/325mg is not medically necessary.