

<b>Case Number:</b>	CM14-0173730		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	06/05/2003
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Emergency Medicine, 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:

Patient with reported date of injury on 6/5/2003. No mechanism of injury was provided for review. Patient has a diagnosis of shoulder impingement, hand pain and knee surgery. Patient is post L shoulder surgery on 10/10/10, R knee arthroscopy on 10/11/02 and history of bilateral carpal tunnel surgery in 1994. Medical reports reviewed. Last report available until 10/2/14. Patient complains of L shoulder, bilateral knee, bilateral wrist and R thumb pain. Medications reportedly improves pain and function. Reportedly derives 50% of function due to medications. Pain is still 8/10 with pain medications. Objective exam reveals tenderness to L shoulder and R knee. Shoulder exam reveals generalized decreased range of motion (ROM) with pain. Knee ROM is mildly decreased. Patient has reported Opioid pain agreement. Urine drug screen dated 5/19/14 was appropriate. No imaging or electrodiagnostic reports were provided for review. Medications include MS Contin 30mg Q8hours, Hydrocodone/APAP 10/325mg 2tablets every 6hours as needed (maximum of 8 a day). The Independent Medical Review is for Hydrocodone/APAP 10/325mg #240. Prior UR on 10/13/14 recommended non-certification.

### 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 #240:** 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): 76-78.

**Decision rationale:** Norco is Acetaminophen and Hydrocodone, an Opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. There is appropriate documentation of improvement in activity of daily living and pain; however a reported persistent pain score of 8/10 with such high dose pain medications does not correlate with claims of improvement in pain with medications. Patient also continues to have significant impairment from pain despite ongoing therapy. There is no documented attempt to wean patient off opioids or what prior attempts at conservative treatment or therapy was attempted although the provider states that it was "attempted". The amount of hydrocodone and oral morphine that patient is taking equates to 170mg MED (Morphine Equivalent Dose) which exceed the safe amount of 120mg MED per day. Patient is claimed to be taking 8tablets of Norco a day "as needed" but the number of tablets prescribed shows a constant amount of Norco being taken and not as needed basis. Patient is on excessive amount of Opioids and is not recommended by MTUS Chronic pain guidelines. There is a high risk of side effects at such high dose and despite claims of "improvement", objective improvement in pain and function does not correlate with such claims. The Hydrocodone/APAP prescription is not medically necessary.