

<b>Case Number:</b>	CM14-0023580		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	10/08/2010
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Occupational 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:

The applicant is represented [REDACTED] employee who has filed a claim for chronic shoulder and foot pain reportedly associated with an industrial injury of October 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; antidepressant medications; unspecified amounts of physical therapy; earlier shoulder surgery; continuous passive motion device; and extensive periods of time off of work. In a utilization review report dated February 6, 2014, the claims administrator approved request for Naprosyn and Remeron while only partially certifying request for Norco, apparently for titration/weaning purposes. On May 12, 2014, the applicant was described as having persistent complaints of shoulder and neck pain, reportedly disabling. The applicant was using Voltaren, Protonix, and tramadol, it was stated, as of that point in time. On August 14, 2013 medical-legal report, the applicant was described as using Motrin, Tylenol No. 3, Senna, and Prilosec. Permanent work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place. On August 22, 2013, the applicant was described as having persistent complaints of shoulder and foot pain. The applicant was given prescriptions for Norco, Naprosyn, Remeron, and Xoten. The applicant was placed off of work, on total temporary disability. This appeared to represent a first visit with the applicant's new primary treating provider. On handwritten progress notes of June 25, 2013 and September 20, 2013, the applicant was again placed off of work, on total temporary disability. On November 22, 2013, Norco, Naprosyn, and Remeron were renewed. The applicant was reporting 4/10 pain with medications and 7/10 pain without medications. The applicant was again placed off of work, on total temporary disability. The attending provider acknowledged that the applicant had not shown any objective improvement in terms of tenderness or strength with medications and that the applicant's only improvements were self reports of diminished pain.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**HYDROCODONE/APAP 2.5/325 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is reportedly off of work, on total temporary disability. While the applicant is reporting some subjective diminution of pain level from 7/10 to 4/10 with ongoing medication use, including ongoing hydrocodone-acetaminophen usage, the attending provider has himself acknowledged that the applicant has not demonstrated any functional improvement in terms of any objective parameters. Therefore, the request is not medically necessary.