

<b>Case Number:</b>	CM14-0025995		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/19/2008
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 59-year-old female who reported injury on 10/19/2008. The mechanism of injury was described as an incident in which the injured worker was picking a resident up off the floor and hurt her right shoulder. The injured worker underwent a SLAP (Superior Labrum Anterior to Posterior) lesion repair and a total arthroplasty. The treatment plan included physical therapy, opioids, anticonvulsants, benzodiazepines, histamine 2 blocker, muscle relaxant, and topical analgesics. The injured worker's medication history included Norco, Robaxin, Lyrica, Zantac, Estradiol, and Flector as of 04/2013. The documentation of 01/29/2014 revealed the injured worker's pain was 3/10 to 4/10. It was indicated the injured worker was getting good relief from current medications. Diagnoses included cervical radiculopathy on the right side, C6 distribution, work related injury with SLAP lesion of the right shoulder, status post right shoulder surgery, degenerative disc disease of the cervical spine, and myofascial pain. The treatment plan included continuation of current medications. The long term goal would be to taper down on opiates and continue physical therapy for cervical spine stabilization. It was indicated no pain medication refills were necessary on that date of service. The medications included Robaxin 750 mg 1 tablet by mouth 3 times a day and Norco 10/325 mg tablets 1 by mouth twice a day. The original date of request was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/APAP 10-325MG #120 TIMES 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Page(s): 78-82. Decision based on Non-MTUS Citation ACOEM, CHAPTER 6, 115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Ongoing Management Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain, as well as documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The clinical documentation indicated the injured worker had been utilizing the medication for greater than 8 months. Given the above, the request for hydrocodone/APAP 10/325 mg #120 times 2 is not medically necessary.