

<b>Case Number:</b>	CM14-0027758		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	08/06/2008
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 patient is a 66 year old male who was injured on 08/06/2008. The mechanism of injury is unknown. Prior treatment history has included right carpal tunnel release on 08/23/2011. PR-2 dated 12/09/2013 documented the patient with complaints of constant pain in his right shoulder that has ranged from a low of 5/10 to a high of 7/10 without medications. He also complains of frequent pain in his right wrist. He has been getting relief with his current medications. He is anxious and depressed and rated his depression as 7/10 with 10 being the most severe. He indicates his current pain and discomfort is moderately impacting his general activity and enjoyment of life. He has moderately severe problems sleeping at the present time. Objective findings on exam reveal the ranges of motion of both the right shoulder and right wrist were slightly restricted in all directions. There was evidence of tightness and spasm at the right trapezius and muscle upon palpation. There was mild to moderate muscle atrophy noted to the right deltoid, right biceps and right triceps muscles. The right wrist demonstrated mild swelling and diffuse tenderness upon palpation. The assessment of the patient revealed adhesive capsulitis, right shoulder, status post surgical release of right carpal tunnel syndrome and right ulnar nerve and depression and insomnia. The following medications were dispensed in the office for the next six weeks: Hydrocodone and Mirtazapine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/ APAP 2.5/325MF EVERY 6 HOURS #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): (s) 76-78.

**Decision rationale:** This is request for Hydrocodone for a 66 year old male with chronic right upper extremity pain secondary to a remote injury. According to California MTUS, Opioids can be used as a second or third line for management of chronic pain. The MTUS guideline states; "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment." One clinic note is submitted for review. Pain description and relief attributable to opioid use is not adequately detailed. Documentation of objective functional benefit is lacking. The patient is not working. Failed attempts of first-line interventions are not discussed. Medical necessity is not established.