

<b>Case Number:</b>	CM14-0034060		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/05/2008
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 a represented [REDACTED] employee who has filed a claim for chronic low back pain, shoulder pain, wrist pain, and carpal tunnel syndrome reportedly associated with an industrial injury of June 5, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; the apparent imposition of permanent work restrictions; and extensive periods of time off of work. The applicant does not appear to have returned to work with said permanent limitations in place. In a Utilization Review Report dated March 12, 2014, the claims administrator denied a request for hydrocodone 10 mg #300 and approved a request for Senna, a laxative. In a progress note dated May 8, 2014, the applicant was described as reporting persistent complaints of neck, bilateral shoulder, bilateral upper extremity, bilateral lower extremity pain, 8-10/10. The applicant was having ongoing complaints of diminished grip strength, it was noted. The applicant scored pain at highly variable, 8-10/10 pain. The applicant also had superimposed headaches. The applicant's medication list include hydrocodone, Senna, Norvasc, Tylenol, Reglan, vitamin D, and Cymbalta, it was stated. The applicant was status post left and right rotator cuff repair surgery in 2010, tubal ligation, and a carpal tunnel release surgery, it was stated. The applicant was described as "not currently employed," despite having a bachelors degree. The applicant was obese, with BMI of 31. The applicant exhibited a depressed, labile, and tearful affect. Senna and hydrocodone were apparently endorsed. A rather proscriptive 5-pound lifting limitation was endorsed, which the applicant's employer was apparently unable to accommodate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded hydrocodone 10MG #300:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 79, 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has apparently been deemed permanent and stationary and is not working with a rather proscriptive 5-pound lifting limitation place. The most recent progress report of May 8, 2014 suggested that the applicant's pain complaints were heightened as opposed to reduced, with the applicant continuing to report 8-10/10 despite ongoing usage of hydrocodone. The applicant was apparently having difficulty performing even basic activities of daily living such as walking and was, furthermore, depressed. As further noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, opioids should be appropriately discontinued if there is no overall improvement in function following introduction of the same. In this case, there has, for all of the previously stated reasons, been no clear improvement of function despite ongoing hydrocodone usage. Therefore, the request is not medically necessary.