

<b>Case Number:</b>	CM14-0043718		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/10/2011
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 37-year-old male who reported an injury after a MVA on 06/10/2011. The clinical note dated 06/24/2014 indicated diagnoses of ruptured thoracic aneurysm, ruptured aortic aneurysm, shoulder impingement, anxiety, depression, adhesive capsulitis, abnormal posture, mild shoulder protraction, and open fracture of surgical neck of humerus. The injured worker reported pain to the left shoulder characterized as aching, cramping, heavy, sharp, stabbing, and throbbing. He reported his pain as 8/10 without taking medications; when he took his medications, he reported it as 5/10. In addition to pain, the injured worker reported difficulties with activities of daily living and loss of range of motion and stiffness to his left shoulder. The injured worker reported that his exacerbating factors included physical activity, pulling/pushing, reaching overhead, twisting, and cold weather. The injured worker reported things that alleviated his pain factors included heat and medication. On physical examination of the left shoulder, range of motion was decreased. On palpation, there was tenderness noted at the acromioclavicular joint and subdeltoid bursa. The injured worker had moderate weakness on shoulder abduction and flexion, shoulder extension, external rotation, and internal rotation of the left side. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen included Hydrocodone/APAP, Laxacin, Relafen, Cyclobenzaprine, and Cetirizine. The provider submitted a request for Hydrocodone/APAP. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### 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 #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, and Opioids, criteria for use Page(s): 91, 78.

**Decision rationale:** The California MTUS guidelines state that Norco (Hydrocodone/Acetaminophen) is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Although the injured worker reported efficacy with the use of this medication, the injured worker did not report functional improvement with the use of this medication. In addition, the injured worker has been prescribed this medication since at least 06/2011. This exceeds the guidelines' recommendation of short-term use. Moreover, the request did not indicate a frequency for this medication. Therefore, the request of Hydrocodone/APAP is not medically necessary.