

<b>Case Number:</b>	CM14-0078691		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/15/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 shoulder pain, knee pain, and low back pain reportedly associated with an industrial injury of October 15, 2011. Thus far, the applicant has been treated with the following; analgesic medications; unspecified amounts of physical therapy; viscosupplementation injections; opioid therapy; and extensive periods of time off of work. In a utilization review report dated May 8, 2014, the claims administrator approved a shoulder MRI, approved an H-Wave unit 30-day trial, and denied a request for hydrocodone-acetaminophen. In a December 31, 2013 progress note, the applicant presented with persistent complaints of knee, shoulder, and neck pain, reportedly severe. The applicant's condition was described as not having significantly improved. The applicant was placed off of work, on total temporary disability, for an additional three weeks. On January 23, 2014, the applicant again reported persistent complaints of knee, neck, and upper back pain. The applicant was again placed off of work, on total temporary disability, through March 6, 2014. There was, once again, no discussion of medication efficacy. On February 27, 2014, the applicant was again placed off of work, on total temporary disability, and asked to consult a knee surgeon. Multifocal knee and shoulder pain complaints were noted. Again, medication efficacy was not discussed. On April 10, 2014, the applicant again presented with multifocal knee, shoulder, and hand pain. The applicant seemingly suggested that various treatments, including a Transcutaneous Electrical Nerve Stimulation (TENS) unit and medications, were "not helping." The applicant's medication list was not provided. The applicant was asked to continue unspecified medications. The applicant was again placed off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone tablets 10/325mg Qty 120:** Upheld

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

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

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, When to Continue Opioids, page 80. The Expert Reviewer's 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, on total temporary disability. The attending provider has not outlined any tangible or material improvements in pain or function achieved as a result of ongoing opioid therapy. Many of the progress notes, referenced above, did not incorporate any discussion of medication efficacy or medication selection. Therefore, the request is not medically necessary.