

Case Number:	CM14-0120335		
Date Assigned:	08/06/2014	Date of Injury:	09/05/2009
Decision Date:	03/10/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year old male sustained an industrial related injury on 09/05/2009 resulting from a backwards fall. The results of the injury and the initial diagnoses were not provided. Per the most recent progress report (PR) prior to the request (05/14/2014 & 05/19/2014), the injured worker's subjective complaints included bilateral shoulder discomfort equally that is worsened with use, cervical pain and lumbar pain. The injured worker rated the severity of the shoulder pain at a 8/10, cervical pain at 8/10, and lumbar pain at 5/10. The injured worker also reported some loss of motion and popping in the right shoulder, as well as difficulty reaching at or above shoulder level, heavy lifting, pushing, or pulling. There was bilateral elbow/forearm pain, bilateral wrist pain and numbness of the fourth and fifth digits, radiating pain from the low back to the left groin and left medial leg with weakness in the left leg, and radiating pain from the neck to the vortex and scapula area. Other complaints have included daily headaches with photophobia, dizziness with occasional ringing in both ears, memory deficits, sleep disturbance due to pain, intermittent numbness in the left cheek and upper lip area and adjoining area of the jaw. Objective findings included: slight to moderate muscle spasm upon palpation of the paralumbar muscles (left greater than right); lumbar range of motion (ROM) included flexion of 60% of normal, extension of 60% of normal, right lateral flexion of 70% of normal and left lateral flexion of 50% of normal; straight leg raising test was positive to the left groin at 70 in the sitting and supine positions which produced left groin, buttock, posterior thigh and medial leg pain with negative findings on the right; right shoulder ROM exam findings included an abduction of 120, flexion of 115, extension of 30, interior rotation of 50 and exterior rotation of 50; cervical spine

exam revealed slight tenderness and muscle spasm to palpation of the paracervical muscles with a ROM findings of flexion of 90% of normal, extension of 70% of normal, right lateral flexion of 60% of normal and left lateral flexion of 80% of normal; and neurological findings included complaints of tingling in the fifth digit and hypothenar area on the right, decreased sensation to light touch over the third, fourth fifth digits ulnar nerve C7-8 dermatomal pattern. Current diagnoses included status post-concussion with post-concussion syndrome with post traumatic headaches, post-traumatic vertigo and some concentration difficulty; bilateral shoulder strain, status post right shoulder surgery; status post left surgery; bilateral elbow and wrist strain with paresthesia of the hands and left cubital tunnel syndrome with numbness in the fourth and fifth fingers; lumbar strain with left lumbar radiculopathy, cervical strain, left greater than right; and secondary insomnia due to chronic pain from above diagnoses. Diagnostic testing has included: MRI of the left shoulder (09/07/2012) revealing a complete tear of the supraspinatus tendon with retraction of the fibers resultant superior subluxation of the humeral head and deduced acromial-humeral distance, subscapularis and infraspinatus tendinosis, mild changes of the glenohumeral joint, mild synovial effusion, degenerative thinning/blunting of the labrum, degenerative change of the AC joint with hypertrophic spurs, mild lateral down slopping of acromion, and minimal fluid subacromial/subdeltoid and subcoracoid bursa; MRI of the brain (03/25/2013) revealing no abnormalities; and a MRI arthrogram (01/22/2014) revealing recurrent full thickness tear of the supraspinatus tendon (measuring 2.4 cm in length by 1.7 cm AP dimension with retraction of the tendon by 2.4 cm from the footplate insertion), status post right subacromial decompression with acromioplasty and excision of the distal end of the clavicle without subacromial spurring noted, and status post right long head bicep tenotomy with long head of the bicep tendon being retracted to the level of the bicipital groove. Treatment to date has included right shoulder corrective arthroscopy (03/29/2012), left arthroscopic debridement with subacromial decompression, distal clavicle excision and mini open rotator cuff repair, physical therapy, medications, and chiropractic treatments. Treatments in place around the time the hydrocodone/APAP was requested included medications, post-operative physical therapy. The hydrocodone/APAP was requested for breakthrough pain 3 times per day. It was also noted in the report (date 05/19/2014), to "refer to the opioid management section which justifies use of opioid for long-term use of the patient's chronic pain". The injured worker reported continued and ongoing pain without specific complaints of changes. Functional deficits and activities of daily living were unchanged. The injured worker's work status was remained temporarily totally disabled. Dependency on medical care had was increased with further request and recommendations for further treatment. On 07/02/2014, Utilization Review modified a request for hydrocodone/APAP tablet 10/325 mg (30 day supply; quantity 90) which was requested on 06/17/2014. The hydrocodone/APAP was modified to hydrocodone/APAP tablet 10/325 mg (30 day supply; quantity 90) to include a one moth supply only for weaning based on the lack of support for chronic daily use of this medication, and the lack of functional improvement with use of this medication. The MTUS Chronic Pain and ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the modification of hydrocodone/APAP tablet 10/325 mg (30 day supply; quantity 90).

IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP tablet 10-325mg, Days Supply: 30, Quantity: 90, Units/Days
Requested: 2: Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 80, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: Norco 10/325mg is a combination medication including hydrocodone and acetamenophen. It is a short-acting, pure opiod agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the documentation doesn't support that the patient has had significant improvement in pain or functional status and therefore doesn't meet the guidelines for continued use.