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| <b>Case Number:</b>   | CM14-0188447 |                              |            |
| <b>Date Assigned:</b> | 11/19/2014   | <b>Date of Injury:</b>       | 07/17/2009 |
| <b>Decision Date:</b> | 01/07/2015   | <b>UR Denial Date:</b>       | 10/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/12/2014 |

### 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 Family Practice, 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:

This is a 54 yr. old female claimant sustained a work injury on 7/17/09 involving the neck, left shoulder and left wrist. She was diagnosed with cervical spondylosis, left carpal tunnel syndrome and chronic neck pain. She had undergone physical therapy and used Gabapentin for pain control. She had undergone arthroscopic surgery of the left rotator cuff on 7/25/14. A progress note on 10/2/14 indicated the clamant had improved strength in the left shoulder. She was given Vicodin for pain. Additional physical therapy visits were recommended. Later that month, a request was made for Hydrocodone and Theracodophen for pain. The claimant had been on the hydrocodone since July 2014.

### 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, 120 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic

back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months. There was no indication of pain scale response or physical examination to show functional improvement and need for continuation of Hydrocodone. Here was no indication of Tylenol or NSAID failure. The continued use of Hydrocodone is not medically necessary.

**Theracodophen 325 mg, 300 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Theracodophen contains low dose Hydrocodone. It is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months. There was no indication of pain scale response or physical examination to show functional improvement and need for continuation of Theracodophen. There was no indication to use this with Hydrocodone 10mg. There was no indication of Tylenol or NSAID failure. The continued use of Theracodophen is not medically necessary.