

Case Number:	CM14-0195375		
Date Assigned:	12/03/2014	Date of Injury:	07/12/2006
Decision Date:	01/15/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/21/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 injured worker is a 64-year old female with the injury date of 07/12/06. Per treating physician's report 10/08/14, the injured worker has shooting pain in her neck and right shoulder, rating as 7/10 with medication and 10/10 without medication range of motion (ROM) is restricted. Her cervical flexion is 30 degrees, extension is 20 degrees and lateral bending is 5 degrees bilaterally. Her right shoulder flexion is 120 degrees and abduction is 100 degrees. There is palliative tenderness and spasms over paravertebral muscles and right trapezius. The injured worker is taking Cymbalta, Gabapentin, Ibuprofen, Lidoderm patch, Voltaren, Lidocaine ointment, Hydrocodone-Acetaminophen and Levothyroxine. The list of diagnoses is: 1) cervical facet syndrome 2) Cervical spondylosis 3) Carpal tunnel syndrome 4) Ulnar neuropathy 5) Shoulder pain 6) Cervical radiculopathy 7) Spasm of muscle. Per progress report 09/10/14, the injured worker reports increased pain in her neck and right shoulder. The injured worker is prescribed Norco one daily for pain as needed as a trial. "Per injured worker with opioid pain medication- Nucynta and Dilaudid in the past: her pain score is 6/10 from 9-10/10 lasting 3-4 hours. Can walk 3 hours with it, without cannot walk far. Can stand 1.5 hr with it, without is 30 minute, can sit 1.5hr with it, without is 30 min." Per 09/02/14, the treating physician requests right shoulder arthroscopy with subacromial decompression, distal clavicle resection. The magnetic resonance imaging (MRI) from 12/19/13 reveals glenohumeral and AC mild and minimal degenerative changes and supraspinatus and lateral tears. Toxicology was conducted on 05/21/14. CURES are mentioned. The utilization review determination being challenged is dated on 10/23/14. Treatment reports were provided from 01/29/14 to 10/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-Acetaminophen 10-325mg, Take One Daily as Needed for Pain, #30
(Prescribed 10-8-14): Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Criteria For Use Of Opioids Page(s): 60-61, 76-78, 88-89.

Decision rationale: The injured worker presents with persistent pain in her neck and right shoulder. The request is for Hydrocodone-Acetaminophen 10/325mg #30. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The injured worker started utilizing Norco between 09/10/14 and 10/08/14. Toxicology was conducted on 05/21/14. Per progress report 09/10/14, Nucynta and Dilaudid in the past, had helped the patient's pain and increased functional ability. Toxicology report and CURES are mentioned. However, the review of the reports does not show any discussion specific to this medication. The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the injured worker should slowly be weaned as outlined in MTUS guidelines. The request is not medically necessary.