

<b>Case Number:</b>	CM14-0198450		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	03/25/1998
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab, 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 patient is a 58 year old male with an injury date of 03/25/98. The 05/06/14 progress report states the patient presents for re-evaluation of the left shoulder 15 half years post arthroscopy. Examination reveals tenderness along the bicipital groove and slightly over the greater trochanter. Impingement test is mildly positive. There are no listed diagnoses in the reports provided. On 06/15/14 the provider states the patient has started the physical therapy requested for. No list of medications is provided. The Utilization Review being challenged is dated 05/07/14. Reports were provided from 01/22/13 to 11/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Theracodophen-325mg #150 (DOS 08/05/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88, 89; 78.

**Decision rationale:** The patient presents with left shoulder pain. The provider requested Theracodophen 325/mg #150 (Hydrocodone-an opioid, with Theramine-a medical food). The reports indicate the patient has been using this medication since at least 04/09/13. MTUS

Guidelines pages 88 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 4 A'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 08/05/14 report states regarding this medication, "This course of treatment has proven to be effective and has demonstrated to be palliative in the treatment of chronic pain." In this case, the reports do not show that pain is routinely assessed through the use of a pain scale. No specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are not addressed. No Urine Toxicology reports are provided or discussed; no discussion is made of adverse side effects or adverse behavior. There is no mention of CURES or a pain contract. No outcome measures are provided as required by MTUS. The 4 A's have not been documented as required. The Theramine included in this combination medication is not supported in Official Disability Guidelines. The request is not medically necessary.