

<b>Case Number:</b>	CM14-0199633		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	09/21/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Internal 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 patient is a 61 year old female who injured her right shoulder on 09/21/2013 while moving a curtain. She developed persistent right shoulder burning and pain (8/10) that did not respond to conservative treatment. The patient's has been treated with Physical Therapy, Gabapentin, Lidoderm patches, ice, heating pad, and exercise. MRI of the cervical spine 11/23/2013 shows degenerative changes most pronounced at C5-C6 where there is more minor anterolisthesis. There are disc bulges at C4-5, C5-6. MRI scan of the right shoulder revealed tendinosis and fraying of the rotator cuff and a labral tear. The patient underwent arthroscopic surgery for debridement and subacromial decompression, rotator cuff repair and open biceps tendonesis. Right shoulder pain continued post-op and is chronic in nature. The patient's diagnosis is biceps tendonitis, right and rotator cuff syndrome. Utilization Review 11/13/2014 denied the requested Hydrocodone elixir 7.5/325mg per ACOEM and ODG Chronic Pain Treatment Guidelines which state opioids for treatment of chronic pain is not recommended as a first line therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone elixir 7.5/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 73-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydrocodone elixir 7.5/325 mg is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic narcotic use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. Lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's diagnoses are neck pain; status post right shoulder arthroscopic surgery; history of gastric lap band; and history of gastric bypass. Hydrocodone elixir 7.5 325 mg was first noted in a progress note dated April 8, 2014. It is unclear whether this was a refill for the first prescription. It was refilled May 5, 2014, June 30, 2014, July 18, 2014, September 18, 2014, and October 15, 2014. There is no documentation indicating objective functional improvement associated with the hydrocodone elixir 7.5/325 mg. There was no reduction in dose or frequency over the ensuing months. Consequently, absent the appropriate clinical indication and rationale for prolonged use of hydrocodone elixir and the absence of objective functional improvement, hydrocodone elixir 7.5/325 mg is not medically necessary.