

<b>Case Number:</b>	CM14-0213554		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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: California, Indiana, New York  
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:

The injured worker (IW) is a 48 year old male who sustained an industrial injury on 07/30/2012. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having pain in joint shoulder; pain psychogenic. Treatment to date has included surgery, medications, and physical therapy. Currently (09/26/2014), the injured worker presents for follow-up of right shoulder pain status post right shoulder surgery (01/23/2014). Current medications include Capsaicin cream, Nabumetone-Relafen, Hydrocodone/APAP, Glipizide, and Metformin. He has normal muscle tone without atrophy in all extremities; no edema or tenderness is palpated in any extremity. The treatment plan includes additional physical therapy, and possible additional surgery or manipulation under anesthesia. A second arthroscopy has been recommended. The IW will continue medications without changes. A request for authorization is made for Hydrocodone/APAP 10/325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. 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/APAP (Norco) 10/325mg # 60 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 ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are pain in joint shoulder; and pain psychogenic NEC. The date of injury is July 30, 2012. The request for authorization is dated November 21, 2014 referencing a date of service September 26, 2014. There is a single progress note in the medical record dated September 26, 2014. Subjectively, the injured worker has ongoing right shoulder pain and is status post right shoulder arthroscopy January 23, 2014. The injured worker has ongoing significant pain. Objectively, there is no shoulder examination. There is no documentation demonstrating objective functional improvement. There were no detailed pain assessments in the medical record. There are no risk assessments. There has been no attempt at weaning hydrocodone/APAP. Consequently, absent clinical documentation with a shoulder physical examination, objective functional improvement, detailed pain assessments and risk assessment, hydrocodone/APAP (Norco) 10/325mg # 60 is not medically necessary.