

<b>Case Number:</b>	CM14-0067644		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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. 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 32 year old male, who sustained an industrial injury on 11/08/2011. Diagnoses include head injury not otherwise specified, derangement of joint not otherwise specified of shoulder, lumbar sprain/strain, closed ankle fracture and anxiety disorder. Treatment to date has included diagnostics, surgical intervention (right shoulder), physical therapy and medications. Per the Primary Treating Physician's Progress Report dated 3/19/2014, the injured worker reported back pain and bilateral ankle pain for which there has been no significant improvement since the last exam. He is also experiencing reports shoulder pain. Medication helps him function and improves pain symptoms. Physical examination of the right shoulder revealed decreased range of motion and tenderness to palpation of the anterior shoulder. There was paravertebral tenderness and spasm to the lumbar spine. Sensation was reduced in the right L5 dermatomal distribution. Right knee exam revealed joint line tenderness to palpation. There was edema of the right ankle and anterior talofibular ligaments were tender bilaterally. The plan of care included, and authorization was requested, for hydrocodone 5/325mg #60, follow-up care and specialist consultations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 5/325mg #60 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.” According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Hydrocodone. Hydrocodone was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Hydrocodone 5/325mg #60 with 1 refill is not medically necessary.