

<b>Case Number:</b>	CM15-0009500		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	08/04/2013
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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, Michigan, 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 60- year old female, who sustained an industrial injury on August 4, 2013. She has reported injuries to her neck and back. The diagnoses have included adhesive capsulitis, cervical thoracic myofascial pain; rule out herniated nucleus pulposus thoracic spine and reactive anxiety and depression. Treatment to date has included pain medication, a TENS unit, physical therapy, surgical repair of rotator cuff, lumbar laminectomy, epidural catheter placement and routine monitoring. Currently, the IW complains of left shoulder, cervical, thoracic and low back pain. Low back and cervical pain was rated five. Left shoulder pain was rated a seven and thoracic pain was a six. The worker reports that activities of daily living were met with current medications. Physical exam was remarkable for tenderness to the left shoulder and range of motion of the shoulder limited due to pain. There was also spasm of the left deltoid. On January 7, 2015, the Utilization Review decision non-certified a request for hydrocodone 10/325mg, 60 count, noting the most recent documentation of physician's visit, the worker was able to discontinue the medication after starting Tramadol and there was no documentation to restart so medical necessity was not clear. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On January 13, 2015, the injured worker submitted an application for IMR for review of hydrocodone 10/325mg, count 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids 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 frameworkAccording to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of hydrocodone. In addition, according to the progress report dated December 11, 2014, the patient was able to discontinue hydrocodone after starting Tramadol ER. Therefore, the prescription of hydrocodone 10/325mg #60 is not medically necessary.