

Case Number:	CM15-0132626		
Date Assigned:	07/20/2015	Date of Injury:	05/01/2014
Decision Date:	08/14/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 36-year-old male who sustained an industrial injury on 05/01/2014. Diagnoses include status post left shoulder arthroscopic subacromial decompression; glenohumeral arthritis; status post distal claviclectomy; and electrodiagnostically positive carpal tunnel syndrome. Treatment to date has included medications, left shoulder arthroscopy (4/16/15) and physical therapy, TENS unit and bracing. According to the progress notes dated 5/22/15, the IW reported carpal tunnel symptoms were worse. He was also seen for a post-operative visit following left shoulder arthroscopy. On examination, the left hand had a positive Tinel's sign and hypoesthesia in the median nerve distribution. The left shoulder range of motion was 60 degrees of adduction, 45 degrees forward flexion and 70 degrees external rotation. A request was made for Hydrocodone 10/325mg, #60, one tablet by mouth two to three times daily for pain. Progress notes dated 4/29/15 indicated the IW was taking the Hydrocodone 10/325mg only two to three times daily with improved pain level and ADL functioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg Qty 60, 1 by mouth 2-3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 92-93.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months in combination with Tramadol, NSAIDS and Muscle relaxants. There was noted 4-5 point reduction in pain with Tramadol, 2-3 point reduction with NSIAD, and 3-4 point reduction on muscle relaxants. Indicating there should be no residual pain or need for Norco. In addition, there was no mention of Tylenol failure. Continued and chronic use of Norco is not medically necessary.