

<b>Case Number:</b>	CM15-0142561		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	12/23/2013
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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, 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 49-year-old female who sustained an industrial/work injury on 12-23-13. She reported an initial complaint of pain in right wrist, right arm, right shoulder and right side of neck. The injured worker was diagnosed as having cervicobrachial syndrome, adhesive capsulitis of the shoulders bilaterally, impingement tendonitis of both shoulders, and bicipital tenosynovitis of both shoulders. Treatment to date includes medication, diagnostics, surgery (carpal tunnel release and right trigger finger release on 5-8-14, right shoulder surgery on 7-30-14, and left carpal tunnel surgery on 11-11-14), and physical therapy. Currently, the injured worker complained of continuation of right shoulder pain. Per the primary physician's report (PR-2) on 4-22-15, there was persistent anteriolateral subacromial tenderness, exam noted wounds were healed, active forward flexion to 150 degrees, external rotation at 80 degrees, internal rotation to 60 degrees, positive impingement sign, negative drop arm, pain through arc of range of motion of 80-130 degrees. The requested treatments include Hydrocodone-APAP 10-325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Weaning of Medications.

**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, Hydrocodone/APAP 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 "4A'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 file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. There is no documentation of compliance of the patient with her medications. Therefore, the prescription of Hydrocodone/APAP 10/325mg #30 is not medically necessary.