

<b>Case Number:</b>	CM15-0146107		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	02/02/2010
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50-year-old female who sustained an industrial injury on 02-02-2010. Mechanism of injury was not found in documents present for review. Diagnoses include status rotator cuff repair in July of 2010 and tendinosis and partial tear right biceps. Treatment to date has included diagnostic studies, medications, status post right shoulder rotator cuff repair on 07-15-2010, physical therapy, injections and acupuncture. On 03-12-2015, a Magnetic Resonance Imaging of the right shoulder revealed post-surgical changes, tendinosis and some pathology in the shoulder. On 03-10-2015, neurodiagnostic studies of the upper extremities revealed a normal study. Her medications include Hydrocodone, Naproxen, and Lidoderm patches. A physician progress note dated 05-29-2015 documents the injured worker has worsening right shoulder pain status post-surgery. On examination, there is tenderness at the shoulder with decreased range of motion and a positive impingement. She rates her pain as 6 out of 10 on the pain scale. She has cervical pain with right greater than left upper extremity symptom and she rates it 6 out of 10. The treatment plan includes preceding an epidural injection at C5-6, a retro request for a Transcutaneous Electrical Nerve Stimulation unit, a urine toxicology screens, and reconsideration for topical antiepileptic drugs-NSAIDs. Treatment requested is for Hydrocodone 10/325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement), and no documentation regarding side effects. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.