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| <b>Case Number:</b>   | CM15-0149959 |                              |            |
| <b>Date Assigned:</b> | 08/13/2015   | <b>Date of Injury:</b>       | 06/27/2011 |
| <b>Decision Date:</b> | 09/14/2015   | <b>UR Denial Date:</b>       | 07/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/03/2015 |

### 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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old male, who sustained an industrial injury on 6-27-11. He reported a left shoulder injury. The injured worker was diagnosed as having left shoulder rotator cuff tear, bilateral shoulder sprain-strain and cervical spine sprain-strain. Treatment to date has included oral medications including Hydrocodone 10-325mg, Metaxalone 800mg, Lyrica 150mg, Miralax 2caps and topical Butrans 20mcg patch. Currently on 7-9-15, the injured worker complains of left shoulder pain, described as burning, aching, tingling, numb, shooting, intense, severe, random, numbness and rated as 8-9 out of 10 without medications and decreases to 7 out of 10 with medications. Symptoms are relieved with hot showers, heat and medications. Work status is noted to be retired. Physical exam performed on 7-9-15 revealed pain and tenderness upper to mid cervical and mid to lower cervical with moderate muscle spasms in cervical, right posterior trapezius, upper thoracic, left trapezius, left side of neck, left posterior shoulder, left triceps, left posterior elbow, posterior forearms, right posterior shoulder, anterior wrist, right anterior trapezius, shoulders, right biceps, right anterior elbow and right anterior forearm with restricted cervical range of motion. A request for authorization was submitted on 7-9-15 for Metaxalone 800mg #90, Lyrica 150mg #120, Hydrocodone 10/-325mg #150, Ambien 10mg #30, dilaudid 4mg #90 and Cymbalta 60mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325mg every 5 hours quantity 150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to MTUS, Hydrocodone is a short-acting opioid analgesic. Opioid drugs are available in various dosage forms and strengths. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. The injured worker has utilized Hydrocodone since at least 1-30-15. In addition, guidelines necessitate documentation that the prescriptions are from a single practitioner and taken as directed. This was not documented in the records. Work status is noted to be retired. Medical necessity of the requested item has not been established. The request for retrospective Hydrocodone is not medically necessary.

**Dilaudid 4mg three times a day quantity 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the CA MTUS guidelines, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioid analgesics for moderate to severe pain, such as Dilaudid, may be added. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. The injured worker has utilized Dilaudid since at least 5-1-15. Of note, the injured worker is also receiving Hydrocodone. Work status is noted to be retired. Medical necessity of the requested item has not been established. The requested medication is not medically necessary.