

<b>Case Number:</b>	CM15-0194752		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

This is a 59 year old male with a date of injury of October 30, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for status post right shoulder arthroscopic subacromial decompression and rotator cuff repair, and neurological changes status post surgery rule out early sympathetically maintained pain syndrome or brachial plexus neuropathy. Medical records dated July 9, 2015 indicate that the injured worker complained of right shoulder pain rated at a level of 7 out of 10, and left shoulder compensatory pain rated at a level of 5 out of 10. Records also indicate the injured worker's medications facilitate "Maintenance of activities of daily living including light household duties, shopping for groceries, grooming, and cooking". A progress note dated August 4, 2015 documented complaints similar to those reported on July 9, 2015. Per the treating physician (August 4, 2015), the employee was temporarily partially disabled with restrictions including no repetitive gripping or grasping with either hand, no repetitive at or above shoulder level activities, and no lifting greater than ten pounds with the right upper extremity. The physical exam dated July 9, 2015 reveals tenderness of the right shoulder, and decreased range of motion of the bilateral shoulders. The progress note dated August 4, 2015 documented a physical examination that showed no changes since the examination performed on July 9, 2015. Treatment has included right shoulder surgery (July 25, 2014), medications Tramadol ER 150mg two tablets daily, Naproxen Sodium 550mg three times a day, and Cyclobenzaprine 7.5mg three times a day as needed since at least February of 2015), and at least ten sessions of physical therapy. The urine drug screen dated March 31, 2015 showed results "Inconsistent with prescribed medications".

The original utilization review (September 1, 2015) partially certified a request for Hydrocodone-Acetaminophen 10-325mg #45 (original request for #60).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of hydrocodone/APAP or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS report dated 3/31/15 was inconsistent with prescribed medications. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the request is not medically necessary and cannot be affirmed.