

<b>Case Number:</b>	CM15-0196373		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	12/03/2008
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, New York  
 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 is a 45 year old female who sustained an industrial injury December 3, 2008. Past treatment included medications, physical therapy and a TENS (transcutaneous electrical nerve stimulation) unit. According to a primary treating physician's progress report dated September 28, 2015, the injured worker presented with complaints of pain in the bilateral shoulders and no change from last visit. Physical examination included; positive impingement, slight weakness with rotation, mild pain over the acromioclavicular joint. Diagnoses is documented as bilateral rotator cuff tendinitis; bilateral shoulder impingement syndrome. Treatment plan included Celebrex and Norco (since at least July 15, 2015) for breakthrough pain with a follow-up in two weeks. At issue, is the request for authorization for Hydrocodone 10-325mg Quantity: 60 with 0 Refills, 15 day supply. An electromyogram and nerve conduction study dated May 29, 2015 (report present in the medical record) impression-conclusions; mild to moderate ulnar nerve compromise at or near the elbow(cubital tunnel) on the right affecting the motor fibers only with demyelination and mild axonopathy; mild ulnar nerve compromise at or near the elbow(cubital tunnel) on the left affecting the motor fibers only with demyelination and no acute evidence of axonopathy at this time; mild median nerve compromise at or distal to the wrist on the right involving motor fibers only with axonopathy and no acute evidence of demyelination at this time. A physician's supplemental report dated July 24, 2015, documented an open MRI of the cervical spine dated July 1, 2015, conclusion; a bulge at C3-4 that abutted the ventral spinal cord and discernable uncovertebral hypertrophy at C5-6. According to utilization review dated October 1, 2015, the request for Hydrocodone 10mg-325mg 15 day supply Quantity: 60 Refills: 0 is non-certified.

## 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 with 0 refills, 15 days supply:** Upheld

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

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

**Decision rationale:** The request is considered not medically necessary. The patient has been on opiates for extended amount of time without objective documentation of the improvement in pain and function. There is no documentation of the four As of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There were no recent urine drug screens or drug contract documented. There are no clear plans for future weaning, or goals of care. Therefore, the request for hydrocodone is considered medically unnecessary.