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| <b>Case Number:</b>   | CM15-0204732 |                              |            |
| <b>Date Assigned:</b> | 10/21/2015   | <b>Date of Injury:</b>       | 11/05/2012 |
| <b>Decision Date:</b> | 12/03/2015   | <b>UR Denial Date:</b>       | 09/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/19/2015 |

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 59-year-old male, who sustained an industrial injury on November 05, 2012. The injured worker was diagnosed as having degenerative joint disease of the right knee, left cuff and glenohumeral ligament tear, left acromioclavicular joint degenerative joint disease impingement, and right cuff biceps subscapular tear impingement. Treatment and diagnostic studies to date has included physical therapy, laboratory studies, status post arthroscopic repair of the rotator cuff, glenohumeral ligaments, subscapularis repair, and decompression with interscalene block performed in April of 2015. In a progress, notes dated August 23, 2015 and July 27, 2015 the treating physician reports complaints of swelling, pain, tingling, and weakness with the site not documented. Examination performed on August 23, 2015 was revealing for atrophy, loss of strength, and loss of range of motion to the upper extremities except for passive range of motion. The progress notes from August 23, 2015, July 27, 2015, and June 04, 2015 did not include a medication regimen or the injured worker's numeric pain level as rated on a visual analog scale. The treating physician requested Hydrocodone 10-325mg with a quantity of 120, but the documentation did not indicate the specific reason for the requested medication. On September 29, 2015, the Utilization Review determined the request for Hydrocodone 10-325mg with a quantity of 120 to be non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain/Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 8/23/15. Therefore, the determination is not medically necessary.