

<b>Case Number:</b>	CM15-0027754		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 47 year old female with an industrial injury dated 08/07/2012 when she was hit by a door. Her diagnoses include left shoulder acromioclavicular osteoarthropathy and bursitis, left thoracic pain, and cervical myofascial pain. Recent diagnostic testing has included drug testing (10/06/2014) showing consistent results, and a MRI of the left shoulder (07/30/2014) showing acromioclavicular osteoarthropathy, mild effusion, and bursitis. Previous treatments have included conservative care, medications, and electrical stimulation. In a progress note dated 12/08/2014, the treating physician reports left shoulder pain rated 7/10, cervical pain with paralleling headaches rated 6/10, left greater than right upper extremity pain with weakness rated 6/10, and thoracic pain rated 5/10. The objective examination revealed tenderness to the left shoulder and cervical spine, limited range of motion with pain, and upper extremity neurologic evaluation essentially unchanged. The treating physician is requesting hydrocodone 10/325mg #120 with a 2 month supply which was denied by the utilization review. On 01/12/2015, Utilization Review non-certified a prescription for hydrocodone 10/325mg #120 with a 2 month supply, noting the lack of information concerning urine drug screenings, opioid contract, CURES/pharmacy data, lack of severe disorders attributable for pain, and other treatments and or failures. The ACOEM Guidelines were cited. On 02/13/2015, the injured worker submitted an application for IMR for review of hydrocodone 10/325mg #120 with a 2 month supply.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325 mg #120 2 month supply:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACEOM 2014: Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone 10/325 mg #120 with a 2 month supply is not necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the reinjured worker's working diagnoses are left shoulder acromioclavicular osteoarthropathy and bursitis; left thoracic pain; and cervical myofascial pain. The documentation shows the injured worker was taking hydrocodone and tramadol as far back as July 28, 2014. Presently, according to a December 8, 2014 progress note, the injured worker is still taking hydrocodone 10/325 mg. However, a urine drug screen was performed on December 24, 2014 that was negative for hydrocodone. There was no documentation from the treating physician interpreting that result. There are no risk assessments in the medical record and there are no detailed pain assessments in the medical record. Consequently, absent clinical documentation with no attempt to wean the opiate in conjunction with no detailed pain assessments or risk assessments along with an inconsistent urine drug screen December 24, 2014, Hydrocodone 10/325 mg #120 with a 2 month supply is not necessary.