

<b>Case Number:</b>	CM15-0031605		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	08/25/2009
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 49 year old male sustained a work related injury on 08/25/2009. According to an office visit dated 01/13/2015, the injured worker presented for follow-up of bilateral shoulder strain with chronic pain and frozen shoulder syndrome, lumbar strain with degenerative disease and chronic pain, bilateral knee strain with degenerative disease and status post bilateral Total Knee Arthroplasty (TKA) with ongoing pain. He had approximately 50 percent improvement in his knee pain since surgery. He had been on chronic pain management for the last 5 years and had managed not to step up to the stronger narcotics like Oxycodone. He required Hydrocodone 10/325mg 2 tabs as needed four times a day. He stated his pain was usually a 10 on a scale of 1-10 and taking the medication cut it to a 4 or 5. He was able to function a little bit in order to shop and get out of the house and go to doctor appointments with medication. Without the medication, he felt bedridden. He tried alternative methods of controlling the pain with multiple surgeries. His medications also included Neurontin and Ibuprofen. He had surgery on both shoulders and did not want to proceed with total shoulder arthroplasty. The provider noted that it was unlikely that any intervention would allow him to return to heavy construction and concrete work. On 02/11/2015, Utilization Review modified one prescription of hydrocodone 10/325mg #240. According to the Utilization Review physician, review of the records indicated that the injured worker had been prescribed hydrocodone since at least 01/24/2012 with some pain control but little evidence of significant functional improvement. In review #1113304 weaning

was initiated and continued in #1114360. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

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

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

**Prescription Of Hydrocodone 10/325 MG #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Opioids Page(s): 51; 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids.

**Decision rationale:** ODG does not recommend the use of opioids for shoulder and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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 treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on an opioid in excess of the recommended 2-week limit. The treating physician does not detail sufficient information to substantiate the need for continued opioid medication. Prior utilization reviews have noted the need for tapering and weaning, which is appropriate. As such, the request for Prescription Of Hydrocodone 10/325 MG #240 is not medically necessary.