

<b>Case Number:</b>	CM15-0042114		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	10/28/2009
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 68-year-old female, who sustained an industrial injury on 10/28/2009. The current diagnoses are right rotator cuff tendinitis/tear, status post right shoulder surgery x 2, cervical degenerative disc disease, cervical facet joint disease, cervical central and foraminal stenosis, right ulnar neuropathy, and right cervical radiculopathy. According to the progress report dated 2/5/2015, the injured worker complains of headaches, pain and stiffness in the neck and right shoulder. She describes the pain in her neck as dull and achy. The pain radiates down the right arm to the last three fingers with muscle spasms and numbness in her right hand. The pain on average is rated 5-6/10 at rest, but can increase to 8/10 with activity. The current medications are Hydrocodone/APAP, which provides a 50% reduction in pain. Per notes, she cannot take non-steroidal anti-inflammatories because she is on Coumadin and has ulcerative colitis. Treatment to date has included medications, MRI, and home exercise program. The plan of care includes Hydrocodone/Acetaminophen 5/325 #45.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 5/325 mg Qty 45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

**Decision rationale:** Based on the 02/05/15 progress report, the patient presents with headaches, pain and stiffness in the neck and right shoulder, rated 5-8/10. Patient describes the pain in the neck as dull and achy. The pain radiates down the right arm to the last three fingers with muscle spasms and numbness in the right hand. The request is for HYDROCODONE/ ACETAMINOPHEN 5/325MG QTY:45. The RFA provided is dated 02/06/15 and the date of injury is 10/28/09. Diagnoses includes right rotator cuff tendinitis/tear, status post right shoulder surgery x 2, cervical degenerative disc disease, cervical facet joint disease, cervical central and foraminal stenosis, right ulnar neuropathy, and right cervical radiculopathy. Patient's current medication includes Norco and Coumadin. Treater states, "Norco provides 50% of pain reduction and the patient is unable to take NSAID's due to being prescribed Coumadin and having ulcerative colitis." The patient is retired. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications for pain per treater reports dated 04/25/14 - 02/05/15. The use of opiates require detailed documentation regarding pain and function as required by MTUS. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.