

<b>Case Number:</b>	CM15-0087089		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	02/16/2010
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: 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 65 year old male who sustained an industrial injury on 02/16/2010. The injured worker was diagnosed with cervical degenerative disc disease. The injured worker is status post multiple surgical procedures on the right shoulder most recently in 2011, trigger finger releases and knee surgery bilaterally. Treatment to date includes diagnostic testing, surgery, physical therapy, acupuncture therapy, pain management, home exercise program, transcutaneous electrical nerve stimulation (TEN's) unit and medications. According to the primary treating physician's progress report on March 3, 2015, the injured worker reports chronic pain of the lower back and neck is well managed with dieting, stretching and medications. He reports a new onset of pain and spasm in the right neck area. Examination of the cervical spine demonstrated normal range of motion except with right lateral flexion and rotation which is limited by pain and tenderness to palpation over the paraspinal muscles overlying the facet joints and occipital foramen on the right side. Neurological examination noted deep tendon reflexes of the upper extremity are 1+ except for absent triceps and brachioradialis on the right side. The right upper extremity noted trigger points and decreased abduction. The left shoulder was elevated on posture. Urine drug screening was performed. Current medications are listed as Cyclobenzaprine, Hydrocodone, Diazepam and Zofran. Treatment plan consists of continuing with stretching, walking and exercise program, medications regimen and the current request for Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10mg-Acetaminophen 325mg #30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, On-Going Management, Weaning of Medications  
Page(s): 92, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Hydrocodone 10mg Acetaminophen 325mg #30 with 2 refills is not medically necessary and appropriate.