

<b>Case Number:</b>	CM15-0088622		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	07/10/2006
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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, Pain Management

### 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 61 year old female, who sustained an industrial injury on 7/10/2006. Diagnoses have included right shoulder bursitis, cervical facet joint pain and arthropathy, cervical post-laminectomy syndrome, cervical sprain/strain and depression secondary to chronic neck pain. Treatment to date has included cervical surgery, cervical facet joint radiofrequency nerve ablation, transcutaneous electrical nerve stimulation (TENS) unit and medication. According to the progress report dated 4/9/2015, the injured worker complained of bilateral lower neck pain radiating into the right shoulder and right biceps. She received a new transcutaneous electrical nerve stimulation (TENS) unit. Physical exam revealed right shoulder impingement signs including Hawkin's and Neer's. There was tenderness to palpation of the bilateral cervical paraspinal muscles. Cervical range of motion was restricted by pain. Authorization was requested for Hydrocodone 10/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325MG/tab, 1 tablet by mouth every 5 hours as needed for pain, #150 refills 3 as outpatient related to right shoulder and cervical pain: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Title 8 (Effective July 18, 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was noted by the decrease in ODI scores from 39 to 25, and the April 2015 note indicates 50% pain score reduction with the use of Norco. However, there did not appear to be adequate monitoring for aberrant behaviors such as querying the CURES database, risk stratifying patients using metrics such as ORT or SOAPP, or including results of random urine toxicology testing. Although the notes state the last UDS was consistent, the timing, date, or actual toxicology report is not available. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.