

<b>Case Number:</b>	CM15-0244223		
<b>Date Assigned:</b>	12/23/2015	<b>Date of Injury:</b>	09/17/2000
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	11/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a 45 year old male who reported an industrial injury on 9-17-2000. His diagnoses, and or impressions, were noted to include: facial trauma-fractures and reconstruction surgery; traumatic brain injury (TBI) with benign paroxysmal positional vertigo and mild neurocognitive disorder secondary to TBI; impingement syndrome of shoulder with complete rotator cuff rupture and acromioclavicular joint arthritis, status-post right shoulder surgery (2-10-15); a history of seizures, hypertension, endocrine issues, obesity, and depression following the injury. No current imaging studies were noted; MRI of the brain was said to have been done in 2008, noting brain damage; and an electroencephalogram was done on 8-19-2015 noting normal results. His treatments were noted to include: orthopedic evaluation-treatment; psychological evaluation-treatment; neurology consultation-treatment; Learning Services-residential supported living program; diagnostic laboratories; surgery (2-10-15) followed by physical therapy; medication management; and rest from work. The neurology progress notes of 9-29-2015 reported: a several month coma following a head injury, awakening to seizures which continued without aura or warning, was placed on Keppra and Klonopin and seizures stopped, then Keppra was stopped in 2005; seizures returned in January 2015 and continued through March while tapering both pain and anxiety medications; 2 unwitnessed syncopal events in March 2015 during a blood pressure medication adjustment and weaning off of Clonazepam; his EEG showed no evidence of epileptiform activity, and that he remained on increased dose of Clonazepam. The objective findings were noted to include: positive psychiatric symptoms; stable blood pressure; obesity; good shoulder shrug and head turn; intact cranial nerves; appropriate

mood and affect; and multiple medications which were not noted to include Hydrocodone-APAP. No progress notes provided were noted to show a request for Hydrocodone-APAP. The physician's requests for treatment were not noted to include Hydrocodone-APAP. The Request for Authorization, dated, was noted to include. The Utilization Review of 11-20-2015 modified the request for Hydrocodone-APAP, to #30.

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

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

**Hydroco/Apap 5/325 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. There is also no amount or dosing schedule specified. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.