

<b>Case Number:</b>	CM14-0124710		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/29/2010
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

39 yr. old female claimant sustained a work injury on involving the shoulders. She was diagnosed with bilateral shoulder strain. X-ray of the shoulders in April 2013 was unremarkable. She had initially used NSAIDs and Tylenol for pain control. She had undergone therapy and iontophoresis. She had also been on Hydrocodone for unknown length of time. A request was made on 7/31/ 14 to provide 60 tablets of Hydrocodone for 10-20% weaning over 2-3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP tab 10-325mg, days 30, Qty: 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning medications.

**Decision rationale:** According to the MTUS guidelines , opioids should be tapered by 20 to 50% per week of original dose for patients who are not addicted (the patient needs 20% of the previous day's dose to prevent withdrawal); (e) A slower suggested taper is 10% every 2 to 4 weeks, slowing to a reductions of 5% once a dose of 1/3 of the initial dose is reached; (f) Greater success may occur when the patient is switched to longer-acting opioids and then tapered; (g)

Office visits should occur on a weekly basis; (h) Assess for withdrawal using a scale such as the Subjective Opioid Withdrawal Scale (SOWS) and Objective Opioid Withdrawal Scale (OOWS); In this case, it is unknown if there is a concern for addiction or intolerance to faster withdrawal. The span of withdrawal time and withdrawal scale performance I not evaluated. Therefore the weaning protocol above is not justified and not medically necessary.