

<b>Case Number:</b>	CM14-0125282		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	08/20/1999
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Occupational Medicine, and is licensed to practice in Texas. 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:

This injured worker is a 61 year old female. She has a work related injury from 8/20/99 where she sustained bilateral shoulder injuries. She had bilateral shoulder surgeries which took place in 1999 and 2001. The injured worker apparently has had ongoing pain and dysfunction in the shoulders. She has not responded to prior conservative care such as physical therapy, chiropractic therapy and nerve blocks. For the past several years, it appears that her treatment has been pharmaceutical.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone /APAP 10/325 #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids, long-term assessment, Opioids, specific drug list Page(s): 76-80,88-89,91.

**Decision rationale:** The data in this case indicates that this injured worker has been using the hydrocodone/ acetaminophen for some months, perhaps years. The injured worker is noted to have some psychological issues. There has been monitoring with urine drug screens, which most of the time show correct findings. However, there have been some tests which did not reveal the

presence of hydrocodone metabolites. Overall, the notes do not really indicate a favorable outcome with the use of this drug. There have been several peer reviews which have recommended weaning towards discontinuation. The injured worker continues with this drug with limited benefit. The notes do not indicate a significant reduction in pain scores. There is little to indicate improvement in function. There are notes that indicate that the injured worker needs more pain medication when she increases her activity levels. There is little subjective description of improvement with the use of the hydrocodone. Therefore, the hydrocodone /acetaminophen 10/325 #60 is not medically necessary for this injured worker.

**Refills x 4 for Hydrocodone /APAP 10/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids,, Opioids, long-term assessment,, Opioids, specific drug list Page(s): 76-80,88-89,91.

**Decision rationale:** The data in this case indicates that this injured worker has been using the hydrocodone/ acetaminophen for some months, perhaps years. The injured worker is noted to have some psychological issues. There has been monitoring with urine drug screens, which most of the time show correct findings. However, there have been some tests which did not reveal the presence of hydrocodone metabolites. Overall, the notes do not really indicate a favorable outcome with the use of this drug. There have been several peer reviews which have recommended weaning towards discontinuation. The injured worker continues with this drug with limited benefit. The notes do not indicate a significant reduction in pain scores. There is little to indicate improvement in function. There are notes that indicate that the injured worker needs more pain medication when she increases her activity levels. There is little subjective description of improvement with the use of the hydrocodone. Therefore, refills x 4 for hydrocodone /acetaminophen 10/325 mg is not medically necessary for this injured worker.