

<b>Case Number:</b>	CM14-0142124		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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:

The claimant has a history of his work injury occurring on 03/20/13. She continues to be treated for neck and left upper extremity pain. She was reevaluated for physical therapy on 01/18/14. The assessment references the claimant as having a medium job requirement and motivated to return to work. She had improved movement of her arm. She was continuing to frequently drop things. Physical examination findings included decreased cervical spine range of motion and decreased left upper extremity flexibility. She was seen by the requesting provider on 04/30/14. She had completed six sessions of physical therapy and had been able to increase her shoulder range of motion. She was having bilateral neck pain which had increased with participation in physical therapy. Pain was rated at 7/10. Physical examination findings included left upper extremity weakness with neck stiffness and muscle spasms. Treatments were being focused on the shoulder and she was requesting that her neck be treated as well. EMG/NCS testing is referenced as having been normal. Medications were cyclobenzaprine 10 mg, ibuprofen 800 mg, Norco 10/325 mg, and Prevacid 15 mg. A subacromial injection was performed. On 06/05/14 pain was rated at 5-6/10. She had ongoing upper extremity weakness. The note references a 40% decrease in muscle spasms when taking Flexeril and a 75% decrease in pain with Norco. Cyclobenzaprine 10 mg, hydrocodone 10/325 mg and Prevacid were prescribed. Physical examination findings included supraclavicular tenderness and limited shoulder range of motion. Medications were refilled. There was consideration of a psychological evaluation. As of 06/26/14 she had completed six psychological treatment sessions and 10 of 12 scheduled physical therapy treatments. She had improved range of motion but had increased pain and muscle spasms. She was not having any medication side effects. On 07/07/14 she was having ongoing symptoms. Neck pain was rated at 6/10. She continued to be limited functionally. She

had not responded to physical therapy and she was referred for an orthopedic evaluation. Additional testing had been authorized and was pending. An MRI of the left shoulder on 07/16/14 showed findings of mild bursitis.

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

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

**Hydrocodone 10mg/ Acetaminophen 325mg Q 4 hours for 30 days #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 91; 78-80; 124.

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

**Decision rationale:** The claimant is more than 1 years status post work-related injury and continues to be treated for chronic left upper extremity pain. Treatments have included physical therapy, medications, a subacromial injection, and she is being evaluated for possible surgical management. Hydrocodone/acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed on a long term basis. The claimant has not returned to work and there is no evidence of progress towards a decreased reliance on medical care or return to work plan. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of hydrocodone/acetaminophen was not medically necessary.