

<b>Case Number:</b>	CM14-0144210		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/28/2003
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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:

34years old male injured worker with date of injury 4/28/03 and related shoulder pain. Per progress report dated 7/31/14, the injured worker reported shoulder pain radiating down the arm and associated with numbness/tingling to the 3rd, 4th, and 5th fingers. He also reported loss of motor control of the upper extremities, e.g. dropping things held in the left hand at times, occurring more when he is tired. He rated his pain 5/10 in intensity. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included surgery, and medication management. The date of UR decision was 8/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10mg - Acetaminophen 325mg #180 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 9, 74, 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of 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 nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any 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." Review of the available medical records reveals documentation to support the medical necessity of Hydrocodone. Per progress report dated 7/31/14, it is noted that the use of this medication provides 60% reduction in pain and allows the injured worker to continue working full time. I respectfully disagree with the UR physician's assertion that more detailed and specific clinical information supporting the continued use of the medication are required. Therefore, the request of Hydrocodone 10mg - Acetaminophen 325mg #180 with 1 refill is medically necessary and appropriate.

**Etodolac 30mg #60 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 11.

**Decision rationale:** Current guidelines note that evidence is limited to make an initial recommendation with acetaminophen, and that NSAIDs may be more efficacious for treatment. In terms of treatment of the hand it should be noted that there are no placebo trials of efficacy and recommendations have been extrapolated from other joints. The selection of acetaminophen as a first-line treatment appears to be made primarily based on side effect profile in osteoarthritis guidelines. The most recent Cochrane review on this subject suggests that non-steroidal anti-inflammatory drugs (NSAIDs) are more efficacious for osteoarthritis in terms of pain reduction, global assessments and improvement of functional status. Etodolac is indicated for the injured worker's moderate shoulder pain. The use of this medication enables the injured worker to continue working full time. I respectfully disagree with the UR physician's assertion that more detailed and specific clinical information supporting the continued use of the medication are required. Therefore, the request of Etodolac 30mg #60 with 1 refill is medically necessary and appropriate.