

<b>Case Number:</b>	CM14-0149932		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/25/2011
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 58 year old man with a date of injury of 6/25/11. He was seen by his primary treating physician on 8/15/14 with complaints of shoulder pain and for medication refills. He is status post right arthroscopic shoulder surgery in 1/09 and right rotator cuff tear surgery in 5/13. His exam showed tenderness in the AC joint and side to side rotation was improving and active flexion was improved to 160 degrees. He had trapezial muscle tenderness and a tight band. His medications included naproxen and hydrocodone-acetaminophen. His diagnosis was rotator cuff tear of the right shoulder. At issue in this review is the refill of Hydrocodone 10-325 tablet #126 - 21 days - with 5 refills. Prior length of therapy was not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10-325 tablet #126 - 21 days - with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 Chronic Pain guidelines; Opioids; On - Going Manageme.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This 55 year old injured worker has chronic shoulder pain with an injury sustained in 2011. His medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of medications including narcotics and NSAIDs. In opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 8/14 fails to document any improvement in pain, functional status or side effects to justify ongoing use. The hydrocodone's medical necessity is not substantiated in the notes.