

<b>Case Number:</b>	CM14-0182503		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	06/09/2009
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 42-year-old woman who sustained a work-related injury on June 9, 2009. Subsequently, she developed back and neck pain. According to the progress report dated September 29, 2014, the patient reported that her constant neck, upper and lower back pain has been well controlled with her current medications. Without medications, she rated her pain as an 8/10 and reported getting greater than 70-80% reduction in her pain with her current medications. She also noted increasing weakness/heaviness of her right arm and numbness in her right hand as well as increased pain in the right shoulder. The patient has much trouble sleeping and she remains depressed. On examination, the ranges of motion of the thoracic and lumbar spine were moderately restricted in all planes. The ranges of motion of the right shoulder were noted to be slightly-to-moderately decreased in all directions. There were multiple myofascial trigger points noted throughout the cervical paraspinal, trapezius, levator scapula, right scapular area, thoracic and lumbar paraspinal musculature, as well as in the gluteal musculature. She could not perform heel-to-toe gait well. Sensation to fine touch and pinprick was decreased in the lateral aspect of the right calf area and the right foot. Dorsiflexion and plantar flexion were both decreased at 5-/5 on the right. The patient was diagnosed with chronic cervicogenic headaches, sprain injury of the right shoulder with internal derangement, status post surgery to lumbar spine at the L5-S1 level with residual right L5-S1 radiculopathy, chronic myofascial pain syndrome cervical and thoracolumbar spine moderate to severe, and status post arthroscopic surgery of the right shoulder in 2011. The provider requested authorization for Hydrocodone / APAP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for hydrocodone/apap 10/325mg #120 for 4 weeks number of refills not specified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines and the Physician desk reference

**MAXIMUS guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no clear justification for the need to continue the use of Hydrocodone. The patient was treated with Hydrocodone without any evidence of pain and functional improvement, compliance and monitoring of side effects. Therefore, the prescription of Hydrocodone/APAP tab 10/325mg is not medically necessary.