

<b>Case Number:</b>	CM14-0036288		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/23/2003
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 63 year old female, who sustained an industrial/work injury on 10/23/03. She reported initial complaints of neck and upper extremity pain. The injured worker was diagnosed as having cervical strain, right > left shoulder impingement, bilateral medial epicondylitis, bilateral carpal tunnel syndrome with positive electrodiagnostic studies, bilateral first carpometacarpal joint pain, insomnia, and depression. Treatment to date has included medication and injections. Currently, the injured worker complains of severe pain affecting sleep. There is pain in the back of her neck and upper extremities as well as in the back and bilateral knees. Per the primary physician's progress report (PR-2) on 2/7/14, exam notes depression and pain behavior, gait is slow, cervical spine notes hypolordosis, tenderness to palpation over the cervical paraspinals with spasms, decreased sensation in the C5-6 dermatomes on the right/left, strength is 4/5 in all extremities. Exam of shoulders note positive impingement sign, bicep tendon is tender, range of motion is restricted. The requested treatments include Hydrocodone/ APAP 10/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone/APAP (Norco) 10/325mg # 60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical strain: right greater than left shoulder impingement syndrome; bilateral medial epicondylitis; bilateral carpal tunnel syndrome; bilateral first carpometacarpal joint pain; insomnia and depression. Date of injury is October 23, 2003 (12 years prior). The request for authorization is dated February 24 2014. The progress note dated February 7, 2014 states the injured worker has severe pain in the neck and upper extremities, back and bilateral knees. Medications help, but there is no VAS pain score. Objectively, there is tenderness palpation at the cervical paraspinal muscles with decreased range of motion. There is no examination of the lumbar spine. Current medications include Tramadol ER and Hydrocodone/APAP 10/325 mg. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation demonstrating objective functional improvement in the medical record. There is no attempted weaning of Hydrocodone/APAP. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Hydrocodone/APAP 10/325 mg, risk assessments, detailed pain assessments and an attempt at weaning Hydrocodone/APAP, Hydrocodone/APAP (Norco) 10/325mg # 60 is not medically necessary.