

<b>Case Number:</b>	CM15-0014526		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50-year-old male who reported an injury on 03/05/2013. The mechanism of injury was the injured worker was reaching overhead to install driveline and began experiencing pain in the right upper limb. Prior therapies and treatments included physical therapy, shoulder MRI, orthopedic surgical consultation, electrodiagnostic studies, vascular surgeon consultation, vascular studies, status post rib resection thoracic outlet syndrome surgery on 05/20/2013 without relief, and status post angioplasty. The injured worker's medications included Norco 10/325 mg as of at least 05/2014. There was a Request for Authorization submitted for review dated 12/04/2014. The documentation of 11/20/2014 revealed the injured worker had decreased muscle strength to 4/5 in the rotator cuff muscles. The Hawkins sign was positive bilaterally. The injured worker had significant weakness of the left supraspinatus with an inability to resist 1 finger worth of downward pressure with the arm being in abduction and internal rotation. The diagnoses included chronic pain syndrome, thoracic outlet syndrome, and disorder rotator cuff. The treatment plan included MRI of the bilateral shoulders and Norco 10/325 mg every day 3 times a day #90 as needed for pain. The injured worker indicated that Norco relieved some of his pain in the past and he was more functional on medications. Without medications, the injured worker was noted to spend most of his time on the couch watching TV. The injured worker complained of constant pain in the right chest, right shoulder, and right flank. The pain was a 7 to 8 on a scale of 1 to 10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for Hydrocodone-Acetaminophen 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the medication had been helpful. However, there was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of hydrocodone-acetaminophen 10/325mg #90 is not medically necessary.