

<b>Case Number:</b>	CM15-0114229		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	09/05/2007
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43 year old male who sustained an industrial injury on 09/05/07. Initial complaints and diagnoses are not available. Treatments to date include medications, left shoulder surgery, and a Stellate Ganglion Block. Diagnostic studies include MRIs of the left shoulder, left brachial Plexus, and cervical spine, nerve conduction studies, and x-rays of the left shoulder and cervical spine. Current complaints include neck and bilateral shoulder pain. Current diagnoses include left shoulder pain, gastroesophageal reflux, insomnia, medication related dyspepsia, complex regional pain syndrome left upper extremity, and chronic pain. In a progress note dated 04/15/15 the treating provider reports the plan of care as medications including B12 and Toradol injections on the date of service and Aciphex, Tizanidine, Doxepin, Hydrocodone, Lyrica, Lunesta, and Duloxetine. The requested treatments include hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, When to Discontinue Opioids, Hydrocodone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale, Pain, 2001 Nov; 94 (2):149-58.

**Decision rationale:** The claimant sustained a work injury in September 2007 and continues to be treated for shoulder and radiating neck pain. Medications are referenced as decreasing pain from 9/10 to 7/10 with improved sleep and sitting tolerance as well as quality of life. When seen, there was right trapezius muscle spasms and left shoulder tenderness. Shoulder range of motion was decreased. A Toradol / B12 injection was administered. Norco was refilled at a total MED (morphine equivalent dose) of 30 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Hydrocodone/acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing a degree of pain control significant to the claimant and with reported improved function and quality of life. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.