

<b>Case Number:</b>	CM15-0126267		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	09/27/2007
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 male, who sustained an industrial injury on 09/27/2007. According to a progress report dated 06/11/2015, the injured worker complained of right shoulder pain that was rated 7 on a scale of 1-10 and was increased with activity. He could not elevate the shoulder. Objective findings included right shoulder pain. Shoulder was held in antalgic biomechanical guarded posture. He was unable to elevate above 80 degrees or to extend above 90 degrees. MRI showed rotator cuff diffusely and completely torn with marked rotator cuff muscle atrophy, severe degenerative arthritis of glenohumeral joint, numerous subchondral cysts, advanced chondromalacia, avascular necrosis of humeral head and probable loose bodies of the intra-articular space. Glenohumeral ligaments were not visualized, consistent with chronic injury. The injured worker was awake, articulate and showed no mental acuity compromise suggestive of opiate excess or lack of compliance. CURES and HPLC urinalysis was consistent with compliance. Pain meds were at minimum effective dose, after careful and ongoing evaluation for efficacy and compliance. Current medication regimen included Fentanyl patch 25 mcg 1 every 3 days, Ibuprofen 600 mg 2-3 every day, Hydrocodone 10/325 mg 5 every day and Oxycontin 20 mg 1 at bedtime. Diagnoses included right shoulder rotator cuff, Bankart lesion recurrent dislocation and Hills-Sachs lesion. The provider noted that the injured worker needed a total shoulder replacement. The injury was recurrent and severe and there was no hope of him being able to return to his usual pre injury work. He remained stable on his medications. They were effective and allowed him to engage in activities of daily living. Analgesic management was noted to be appropriate by all objective measures. The injured worker was

temporarily totally disabled until shoulder was repaired. Recommendations included surgical consult for possible right total shoulder replacement, continued counseling and compliance monitoring, maintenance of medication regimen and random urine screening. A progress report dating back to 09/03/2014 was submitted for review and showed that the injured worker was utilizing Hydrocodone 10/325 mg 6 per day. Documentation shows that the injured worker has utilized Hydrocodone without interruption since that time. Currently under review is the request for Hydrocodone/APAP 10/325 #150. A progress report dating back to 09/03/2014 was submitted for review and showed that the injured worker was utilizing Hydrocodone 10/325 mg 6 per day.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Hydrocodone/APAP 10/325 #150: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

**Decision rationale:** According to the CA MTUS and ODG, Vicodin 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of objective functional improvement with medication use to support the subjective reported benefit. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.