

<b>Case Number:</b>	CM15-0129825		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	07/27/2007
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 68-year-old female, who sustained an industrial injury on July 27, 2007. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having thoracic sprain-strain, shoulder impingement syndrome, and tenosynovitis of wrist-forearm. Diagnostic studies were not included in the provided medical records. Treatment to date has included daily exercises and medications including opioid analgesic and non-opioid analgesics. There were no noted previous injuries or dates of injury, and no noted comorbidities. On June 5, 2015, the injured worker complains of continued pain in the shoulders, arms, elbows, wrists, lower back, and bilateral legs. The physical exam revealed reduced range of motion of the right shoulder with positive impingement. There was swelling in the feet and right knee pain and swelling. The treatment plan includes Hydrocodone 5-325 mg for pain. The injured worker remains disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Opioids Page(s): 74-96.

**Decision rationale:** The long-term usage of opioid therapy is discouraged by the California Medical Treatment Utilization Schedule (CMTUS) guidelines unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In addition, the California Medical Treatment Utilization Schedule (MTUS) guidelines also details indications for discontinuing opioid medication, such as serious non-adherence or diversion. There was lack of physician documentation of the least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. There was lack of evidence of an updated and signed contract between the injured worker and physician, risk assessment profile, and attempt at weaning/tapering. There was a lack of documentation of a recent urine drug screen to support compliance of treatment with Hydrocodone 5-325 mg, which would be necessary for continued usage. In addition, the injured worker has not returned to work. Therefore, the Hydrocodone 5-325 mg is not medically necessary.