

<b>Case Number:</b>	CM15-0129908		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/01/2001
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	07/02/2015
<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: 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 69-year-old male, with a reported date of injury of 01/01/2001. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include degeneration of the cervical intervertebral discs, brachial neuritis/radiculitis, thoracic and lumbar neuritis and radiculitis, rotator cuff arthropathy and secondary osteoporosis of the shoulder, and bilateral carpal tunnel syndrome. Treatments and evaluation to date have included oral medications, cortisone injection to the left shoulder, and right rotator cuff arthroscopy. The diagnostic studies to date included electrodiagnostic studies of the upper extremities on 11/29/2014 which showed consistent demyelinating neuropathy on the median nerve, no evidence of other entrapment neuropathy or brachial plexopathy of both upper extremities, and evidence of cervical radiculitis on both sides. According to the medical report dated 02/07/2015, the injured worker had an MRI of the neck in 04/2014, which showed multilevel spondylosis causing moderate spinal stenosis at the C5-6 and C6-7 levels, and foraminal narrowing severe on the right side at the C6-7 level, and moderately severe bilaterally at C5-6 level and on the left side at the C3-4 level. The follow-up note dated 04/16/2015 indicates that the injection in the injured worker's left shoulder helped. His neck was about the same; the symptoms and range of motion were the same. There was no increase in the injured worker's symptoms. The injured worker had some intermittent pectoral muscle discomfort and had persistent paresthesias in both hands, which caused him to drop objects unexpectedly sometimes. The objective findings included limited range of motion of the neck with left and right lateral rotation, limited abduction of the left shoulder and limited internal rotation, mild osteoarthritis changes in the

hands, and limited range of motion of the lumbar spine. The injured worker's work status was not indicated. The treating physician requested Hydrocodone/Acetaminophen 7.5/325mg #180.

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

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

**Hydrocodone/Acetaminophen 7.5-325mg #180:** Upheld

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

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

**Decision rationale:** According to the CA MTUS and ODG, Vicodin 7.5/325mg (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, the injured worker has been taking this medication since at least 01/16/2015. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of the medication's pain relief effectiveness, objective functional improvement, or response to ongoing opioid analgesic therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested treatment with Hydrocodone/Acetaminophen 7.5/325 mg is not medically necessary.