

<b>Case Number:</b>	CM15-0026484		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	06/15/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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, Hawaii  
 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 65 year old male, who sustained an industrial injury on June 15, 2012. He has reported constant pain in the right shoulder and low back with associated numbness over the posterior aspect of the right lower extremity extending to the ankle and occasionally the bilateral feet. The diagnoses have included right shoulder sprain with impingement, a type three acromion and osteoarthritis of the glenohumeral and acromioclavicular joints. Treatment to date has included radiographic imaging, diagnostic studies, laboratory studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of constant pain in the right shoulder and low back with associated numbness over the posterior aspect of the right lower extremity extending to the ankle and occasionally the bilateral feet. The injured worker reported an industrial injury in 2012, resulting in chronic pain as previously noted. He was treated conservatively for the back pain and conservatively for the shoulder pain. He reported an incomplete resolution of the pain. Evaluation on January 19, 2015, revealed continued pain. Magnetic resonance imaging of the lumbar spine revealed bulging discs and other abnormalities. He had reported a near 50% decrease in pain with epidural steroid injections and pain medications. Pain medications were renewed. He noted the recent addition of Norco was helpful. On February 3, 2015, Utilization Review non-certified a request for Hydrocodone/APAP 10/325mg #45, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 5, 2015, the injured worker submitted an application for IMR for review of requested Hydrocodone/APAP 10/325mg #45.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

**Decision rationale:** The patient presents with constant pain in the right shoulder and low back with associated numbness over the posterior aspect of the right lower extremity extending to the ankle and occasionally the bilateral feet. The current request is for Hydrocodone/APAP 10/325mg #45. The treating physician states, in a report dated 01/14/15, "Hydrocodone/APAP 10/325 mg, one p.o. q.6-8 p.r.n., #45, will be utilized for breakthrough pain. The MTUS Guidelines indicate on page 91 that Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treating physician states, "Norco has been effective because it reduces the pain to allow the patient to perform some activities of daily living." In this case, there is no documentation of before and after pain scales. There is no discussion regarding specific ADLs or any functional improvements with medication usage. There is no mention of side effects or aberrant behaviors, CURES or UDS found in the records. The MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the recommendation is for denial and slow weaning per MTUS guidelines.