

<b>Case Number:</b>	CM15-0042251		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	03/20/1999
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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

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 57 year old male, who sustained an industrial injury on March 30, 1999. The injured worker was diagnosed as having right shoulder pain and rotator tendinitis. Treatment to date has included right shoulder arthroscopy in 2012, right shoulder MRI, steroid injection, splinting, TENS, physical therapy, pool therapy, and medication. Currently, the injured worker complains of right shoulder pain and right wrist pain. The Primary Treating Physician's report dated February 12, 2015, noted the injured worker reporting his pain as 6/10 on medications and an 8/10 without medications. Current medications were listed as Aciphex, Colace, Ibuprofen, Neurontin, Wellbutrin XL, Flexeril, Miralax, Tegaderm dressings, Lidoderm patch, Duragesic patch, and Hydrocodone/Acetaminophen. The injured worker was noted to have an unsteady gait, assisted by a cane. Cervical spine examination was noted to show range of motion (ROM) restricted by pain, hypertonicity and tenderness of the paravertebral muscles bilaterally, and Spurling's maneuver causing pain to the muscles of the neck without radicular symptoms. Tenderness was noted to the neck in the trapezius and right side of the trapezius. The right shoulder joint revealed arthroscopic incision with restricted range of motion (ROM), and tenderness to palpation in the acromioclavicular joint, glenohumeral joint, and subdeltoid bursa. The injured worker was noted to have received a cortisone injection on the right shoulder November 18, 2014, with report that the injection helped him to move more freely.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325mg, #120: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

**Decision rationale:** Based on the 02/12/15 progress report provided by treating physician, the patient presents with right shoulder and right wrist pain rated 6/10 with and 8/10 without medications. The request is for HYDROCODONE/ACETAMINOPHEN 10/325 MG #120. Patient's diagnosis per Request for Authorization form dated 01/28/15 includes shoulder pain, cervical pain, cervical disc disorder, and mood disorder. Patient had cortisone injection to the right shoulder 11/18/14 and continues with land based physical therapy, TENS and home exercise program. Patient's medications include Hydrocodone, Flexeril, Wellbutrin, Neurontin, Ibuprofen, Colace, Aciphex, Tegaderm, Lidoderm, and Duragesic. Patient remains permanent and stationary, and not working, per treater report dated 02/12/15. MTUS Guidelines pages 88 and 89 state, Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." UR letter dated 02/25/15 has recommended certified with modification. Hydrocodone has been included in patient's medications, per progress reports dated 09/25/14, 12/18/14, and 02/12/15. Per progress report dated 02/12/15, treater states "continues to take medications as directed. [The patient] states that he does not need to continue Flexeril at this time as he reports Duragesic and Norco effective at this time to decrease pain to a more tolerable level and maintain him optimally functional. Treater states that with medications, patient is able to perform household tasks including laundry meal preparation and self-care approximately 30-45 minutes at a time. Writing/computer use is limited to 15-30 minutes per hour. Grocery shopping is limited to 30-45 minutes at a time. Without medications, patient is able to perform household tasks including laundry, meal preparation and self-care approximately 10 minutes at a time. Writing computer use is limited to 10 minutes or less per hour. Grocery shopping is limited to 15 minutes or less at a time. Right upper extremity use is severely limited." Urine toxicology report dated 03/13/14 was consistent with current medication regimen, and CURES 02/13/14 was appropriate. The patient denies any new adverse effects from medications, and currently does not exhibit any adverse behavior to indicate addiction. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. Therefore, this request IS medically necessary.