

<b>Case Number:</b>	CM15-0077975		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	03/18/2007
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: 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 48 year old male, who sustained an industrial injury on 3/18/2007. The current diagnoses are right shoulder impingement, status post hernia repair, status post open reduction with internal fixation of the left hip, low back pain, and trauma/contusion with heavy object. According to the progress report dated 4/1/2015, the injured worker complains of pain in the low back, hip, and shoulder. The current medications are Norco, Cyclobenzaprine, Naproxen, and Pantoprazole. Treatment to date has included medication management, X-rays, MRI studies, computed tomography scan, physical therapy, acupuncture, cortisone injection, and surgical intervention. The plan of care includes prescription for Hydrocodone/Acetaminophen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. There is no documentation of a maintained increase in function or decrease in pain with the use of opioid pain medications. Additionally, there is no evidence of recent urine drug screen to assess for aberrant behavior. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydrocodone/Acetaminophen 10/325mg, #60 is determined to not be medically necessary.