

<b>Case Number:</b>	CM14-0143035		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 51 year old male who was injured on 03/19/2013 while lifting plywood. The injured worker underwent right shoulder rotator cuff repair with acromiale decompression on 06/14/2013. Prior medication history included hydrocodone as of 04/17/2014 (VAS of 5/10 with medications and 8/10 without medications); and as of 06/18/2014, he has been utilizing hydrocodone 10/325 mg (VAS of 7/10 without medications and 3/10 with medications). Urine toxicology screening dated 05/22/2014 revealed positive detection of methadone. Progress report dated 07/17/2014 states the injured worker "presented with bilateral shoulder and bilaterally upper extremity pain which he rated as 7-8/10." He reported taking Norco at about 4-5 tablets a day and Motrin which decreases his pain level from 8/10 to 2/10. On exam, the right shoulder revealed forward flexion and abduction of 160 degrees and internal and external rotation of 60 degrees. His strength is 4/5. Hawkin's and Neer's impingement signs were positive. The injured worker is diagnosed with right shoulder rotator cuff tear, status post repair and right shoulder biceps, tendinosis, status post biceps tenodesis. The injured worker was recommended to continue Norco (hydrocodone 10/325 mg) #120 as needed for pain. Prior utilization review dated 08/13/2014 states the request for "Hydrocodone 10/325mg #120 is denied as there is no indication for medical necessity."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #120:** Upheld

**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 Page(s): 76-96.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Opioid is recommended as the standard of care for treatment of moderate to severe pain for short-term use. Guidelines do not recommended continued use unless there is documented evidence of objective pain and functional improvement. There is a lack of supporting documentation showing any sustainable improvement in pain and long term use of Hydrocodone is not recommended by the guidelines. The request for Hydrocodone 10/325mg #120 is not medically necessary.