

Case Number:	CM13-0047606		
Date Assigned:	12/27/2013	Date of Injury:	12/17/2003
Decision Date:	02/28/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Ohio and Texas. 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 physician 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 patient is a 79-year-old female who reported an injury on 12/17/2003 due to cumulative trauma. The patient reportedly injured bilateral upper extremities and bilateral shoulders, and experienced emotional distress. The patient's treatment history included surgical intervention of the right and left shoulders, postoperative physical therapy, medications, and psychiatric support. The patient's most recent clinical examination revealed limited range of motion of the right shoulder described as 80 degrees in flexion and 80 degrees in abduction, with a negative impingement sign. Opioids and anti-inflammatory medications were re-initiated for massage therapy in 12/2013. The patient's diagnoses included status post left shoulder arthroscopy, and recurrent right rotator cuff tear. The patient's treatment plan included continuation of medications and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/500 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 76-77.

Decision rationale: The requested Hydrocodone/APAP 5/550 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that a baseline pain and functional assessment be made prior to initiation of opioid therapy. Additionally, there should be evidence of a pain contract with the treating physician. It is also recommended that a urine drug screen to assess for the presence of illegal drugs prior to initiation of opioid therapy. The clinical documentation submitted for review fails to provide an adequate pain assessment to establish the patient's baseline levels so that efficacy of the medication can be determined. Additionally, the clinical documentation does not contain a urine drug screen to assess the patient for current drug use. As such, the requested Hydrocodone/APAP 5/550 mg #60 is not medically necessary or appropriate