

Case Number:	CM13-0059830		
Date Assigned:	12/30/2013	Date of Injury:	07/24/2012
Decision Date:	06/19/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/02/2013

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 Orthopedic Surgery and is licensed to practice in 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 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 33 year old female who sustained an injury on 07/24/12. No specific mechanism of injury was noted. The injured worker was followed for complaints of bilateral shoulder pain left side worse than right. The injured worker was being followed by [REDACTED] for complaints of bilateral shoulder pain. The injured worker was recommended for surgical intervention including left shoulder subacromial decompression which was certified by utilization review in 09/13. At that point in time urine drug screens and post-operative hydrocodone for pain was also certified. The injured worker was seen on 11/04/13 with ongoing complaints of bilateral shoulder pain left side worse than right. Physical examination noted continuing tenderness to palpation. The report was handwritten but noted that surgery was scheduled for 11/08/13. The requested urinalysis and hydrocodone 10/325mg quantity 60 for post-operative pain were both denied by utilization review on 11/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE ANALYSIS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing (UDT)..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, UDS.

Decision rationale: In regards to the request for a urine analysis, there is no clinical documentation from the clinical records indicating that this was ever performed. There was no indication from the clinical records that any aberrant medication use was previously documented or that there were elevated risk factors for diversion and opioid misuse. However, as the injured worker was not currently being prescribed an active narcotic medication and was going to utilize hydrocodone for post-operative pain, a urine drug screen would have been reasonable and medically appropriate to rule out any illicit or undocumented medication use. This would be supported by current evidence based guidelines and was standard of care. Therefore the request for Urine Analysis is medically necessary.

HYDROCODONE 10/325MG, #60 FOR POST-OPERATIVE PAIN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES, CRITERIA FOR USE, 88-89 Page(s): 88-89.

Decision rationale: In regards to the use of Hydrocodone 10/325mg quantity 60 for post-operative pain, this reviewer would have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. There is no indication that the injured worker was provided these medications at any point in the clinical record. Surgery was scheduled for 11/08/13 and given the amount of pain expected post-operatively secondary to subacromial decompression, the injured worker would have reasonably required this medication for post-operative pain. Therefore, the request for Hydrocodone is medically necessary.