

Case Number:	CM13-0063168		
Date Assigned:	01/17/2014	Date of Injury:	05/30/2000
Decision Date:	04/24/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/09/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 58-year-old male that, according to the Independent Medical Review request, tore his rotator cuff while utilizing a wrench on 5/30/2000. He subsequently underwent surgery to repair this injury on 7/24/2000. On 4/8/2013 the patient hurt his right shoulder when he was pushing a ladder on his truck at work and felt a pop and pain in his right shoulder. He states that he continued to have shoulder pain, icing it down every evening following the use of new computers that were angled within the cab of his work truck. On 10/9/13 the patient reported to his supervisor the pain he was experiencing; the following day he left a work site to seek care for the pain. On the Primary Treating Physician's Progress Report dated 12/19/2013, the patient 'states he is still in a lot of pain, but improved with Percocet; using Percocet every 4-6 hours and 2 tabs at night. He has limited motion and weakness still'. Other than vital signs (blood pressure, pulse and temperature) no physical examination is documented. On his Worker's Compensation Progress Reported dated 11/19/2013, he reported 8/10 pain that radiates down to the bicipital region that is aggravated by movements with associated weakness. The physical examination exhibits decreased range of motion, pain and decreased strength. An MRI dated 11/12/2013 identifies a glenoid labral abnormality at the posterior/superior, anterior/superior and anterior portions either from postsurgical changes or age indeterminate tearing; additionally, a partial-thickness tearing and tendinosis of the intra-articular portion of the long head biceps tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg #100: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatment Page(s): 74-76.

Decision rationale: Opioid pain medications have proven efficacy in providing pain management; however, they have the inherent risk of abuse and addiction. Considering the patient's re-injury to his right shoulder, his level of pain and identified shoulder girdle structural disruption, I find the necessity for appropriate pain management until more definitive care is provided.