MAXIMUS Federal Services

Case Number:	CM13-0065985		
Date Assigned:	01/03/2014	Date of Injury:	07/12/2005
Decision Date:	06/06/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 55-year-old male who was injured on 07/12/2005 when he was struck in the neck and shoulder by a steel bar. The patient underwent suprascapular nerve block right shoulder on 04/17/2013. He underwent a confirmatory injection on 08/07/2013 and again noted significant reduction of pain post-injection, about 50%. His right shoulder motion is restricted at least 75% in all planes. Medications provide functional gains by easing/assisting his activities of daily living (ADLs) and restorative sleep. Urine drug screening test on 11/01/2013 revealed positive and consistent results for opiates and Meprobamate. The diagnostic studies reviewed include MRI (magnetic resonance imaging) of the lumbar spine dated 04/01/2013 show a left L4-5 foraminal compromise with compromise of exiting L4 nerve root, consistent with his complaints. Progress report dated 10/24/2013 indicates the patient complains of significant right shoulder pain, low back pain with both hips and knees hurting. His symptoms are worse in the low back and left lower extremity. On review of his post-procedure pain diary, he documented reduction of right shoulder pain from 8/10 and pre-procedure to 3/10 immediately following the injection. Objective findings on exam reveal he has a limp and antalgic gait and he wears a shoe lift of approximately 1 inch. There is no tenderness of the spinous process, the transverse process, the sacral promontory, the sacrum or the coccyx. There is tenderness of the anterior superior iliac spine (ASIS), the pnterior superior iliac spine (PSIS), the sacroiliac (SI) joint, and the greater trochanter. Soft tissue palpation on the right reveals tenderness of the paraspinal region at L3; four trigger points identified on the iliolumbar region. On soft tissue palpation, there is tenderness of the paraspinal region at L3 and the iliolumbar region; 2 trigger points identified on the iliolumbar region. Active range of motion is painful and restricted range of motion; and passive range of motion is with pain. Ankle reflex on the right is diminished and absent on the left. Knee reflex on the right is diminished bilaterally. There is decreased sensation of the middle

finger. Patrick, Gaenslen's and Fabere tests are positive. He has pain elicited with motion of the cervical spine. The shoulders reveal tenderness of the acromioclavicular joint, the greater tuberosity, the bicipital groove, and the scapula. There is soft tissue palpation on the right along with tenderness of the supraspinatus, the subacromial bursa, the subdeltoid bursa, the trapezius, the rhomboid, the latissimus dorsi and the levator scapulae. Active range of motion on the right is markedly restricted, painful range of motion and provocative maneuvers revealed worse pain on the left side. The patient is diagnosed with 1) lumbar disc disease 2) facet syndrome 3) arthropathy, unspecified 4) thoracic or lumbosacral neuritis or radiculitis 5) pain in joint, site unspecified 6) thoracic disc disease 7) fibromyalgia 8) post-laminectomy syndrome of the lumbar region 9) pelvic region and thigh pain in the joint 10) pain in the joint, shoulder region and 11) sprains and strains of unspecified site or hip and thigh. The recommendations are trigger point injections of the lumbar spine and medication refill. The medications provide functional gains by easing/assisting the patient's ADL's and restorative sleep. A MRI with contrast of the right shoulder is requested in accordance with utilization review opinion to justify right suprascapular nerve radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/325MG #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 14-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78, 91, 124.

Decision rationale: According to CA MTUS guidelines, hydrocodone is a semi-synthetic opioid which is considered the most potent oral opioid and is indicated for moderate to moderately severe pain. The efficacy of long-term opioid use for chronic non-malignant pain has not been established. Studies have failed to show positive outcomes in terms of pain, function, or quality of life. This patient is taking hydrocodone on a chronic basis for chronic right shoulder and low back pain. The medical records provided do not establish clinically significant improvement in function or pain attributable to hydrocodone use. The medical necessity for hydrocodone 10/325, #210, is not established.