

Case Number:	CM13-0068923		
Date Assigned:	01/03/2014	Date of Injury:	06/12/2009
Decision Date:	04/21/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 65 year old male who was injured on 06/12/2009 while he fell on his right side while carrying a heavy metal box which jammed his right arm. Prior treatment history has included H-Wave which is beneficial in helping him get to sleep at night. Flector patches have also been helpful as has the Norco. The patient has undergone two arthroscopic rotator cuff repairs, decompression of suprascapular nerve of right shoulder. PR-2 dated 06/04/2013 (unchanged from 02/03/2013 visit) documented the patient to have complaints of constant right shoulder pain. As of 06/06/2013, the patient's transfer of care to pain management specialist has been approved. Medications include Norco and Flector pain (unchanged since 03/19/2013). Objective findings on exam show the patient has difficulty initiating flexion as well as abduction to the right shoulder. With assistance, he can only flex to about 90 degrees and abduct to 90 degrees with pain at those limits. Strength of the abduction and flexion is 3-/5 in those directions. External rotation is passive to 80 degrees, internal rotation 45 degrees with 3/5 strength in those directions. There is noticeable atrophy in the right supraspinatus and infraspinatus fossae. (This shows a decrease from 02/08/2013 visit).

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-91. Decision based on Non-MTUS Citation Pain Medicine and Regional Anesthesia, 2nd Edition, 2005. Chapter 13: Opioid Therapy: Adverse Effects Including Addiction, pages 113 - 123

Decision rationale: According to the CA MTUS criteria for long term users of opioids, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records provided show the patient's has continued complaints of pain, objectively, his examinations were essentially unchanged, with a decrease in range of motion values from 02/08/2013 to 06/04/2013. Further, there is no indication the patient has been compliant with prior medications as there was no urine drug screen provided in the records. Therefore, this request cannot be found as medically necessary.