

Case Number:	CM14-0000916		
Date Assigned:	01/22/2014	Date of Injury:	10/22/2007
Decision Date:	07/02/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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 Neurology, has a subspecialty in Neuromuscular 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 64 year old woman who sustained a work related injury on October 22 2007. Subsequently, she developed a chronic right shoulder pain. On 2010, the patient underwent right shoulder surgery for a supraspinatus/subscapularis tear. She also underwent multiple right shoulder surgeries. According to a note dated on November 20 2013, the patient continued to have chronic right shoulder pain with cross body abduction and painful arc test. The coracoid screw in the right shoulder had back out causing direct impingement of the anterior portion of the humeral head. Her physical examination demonstrated the right shoulder tenderness with reduced range of motion. The patient was diagnosed with painful right shoulder hardware and right shoulder supraspinatus tendon tear. The patient was certified for hardware removal. This procedure is performed as an outpatient and will require sling immobilization for approximately 2-3 weeks. There is no documentation of medications used to treat this patient. The provider requested authorization to use Dilaudid for post op pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUDID (HYDROMORPHONE HYDROCHLORIDE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 212.

Decision rationale: According to California MTUS guidelines, Dilaudid is a short acting opioids is seen an effective medication to control pain. According to California MTUS guidelines and in the chapter of shoulder complaints table 9-6, page 212, Acetaminophen and NSAIDs are recommended as as first line medications for shoulder pain. There is no documentation that the patient is allergic or have a contra indication for the use of first line pain medications and the use of Dilaudid as a first line treatment is not justified. Therefore, the request for Dilaudid (Hydromorphone Hydrochloride) is not medically necessary.