

Case Number:	CM14-0109263		
Date Assigned:	08/01/2014	Date of Injury:	10/30/2013
Decision Date:	11/06/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and Rehabilitation 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:

This 39 year-old patient sustained an injury on 10/30/13 while employed by [REDACTED]. The request under consideration includes Hydrocodone 10/325mg #30. The diagnoses include right shoulder impingement syndrome s/p arthroscopic repair with right labrum debridement, SAD and bursectomy on 4/8/14. Conservative care has included medications, therapy, and modified activities/rest. Report dated 4/23/14 from the provider noted the patient with neck and right arm pain rated at 8-10/10 with neck pain and spasm radiating down both arms to hands associated with burning, numbness and tingling; right shoulder pain at 10/10 and left shoulder pain at 6-7/10. Pain has increased post right shoulder arthroscopic repair with difficulty in post-operative physical therapy. Exam showed cervical tenderness at facets at C3-4 and C6-7 and paraspinal muscles; positive facet loading test; decreased range; positive Spurling's; 4+/5 grip strength; right wrist extensors, biceps, triceps, interossei and left grip at 5-/5. Report dated 5/19/14 from the provider noted the patient with continued right shoulder, upper extremity pain with numbness. Exam showed normal scapular/humeral rhythm; hand to back, hip and mid thoracic spine; flex of right/left 40/95 and 55/100 degrees with passive movements of flex left/right 90/110 degrees and ER left/right 20/55 degrees; tenderness to deltoid and glenohumeral joint. Modalities and exercises were provided. The request for Hydrocodone 10/325mg #30 was modified for #14 on 6/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Hydrocodone 10/325mg #30 is not medically necessary and appropriate.