

Case Number:	CM14-0115645		
Date Assigned:	09/18/2014	Date of Injury:	01/19/2009
Decision Date:	11/17/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/22/2014

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 Internal 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 injured worker (IW) is a 57-year-old man who was injured on January 19, 2009. The mechanism of injury occurred when the IW slipped and fell going up the stair. The referenced diagnosis was shoulder pain. As of February 24, 2014, the treating diagnoses included right frozen shoulder/adhesive capsulitis, right rotator cuff syndrome with supraspinatus tear, right shoulder bursitis, and status-post right arthroscopic surgery in 2011 and 2012, as well as depression. The progress note dated February 24, 2014 indicated that the IW has ongoing pain and was permanent and stationary. He had tenderness to palpation of the shoulder with normal strength in the upper extremities. He was continued on Lidoderm, Cymbalta, and Norco. Pursuant to the progress note dated May 20, 2014, the IW complains of persistent right shoulder pain. He feels more pain after exercising. He takes Norco BID most of the time. His pain level is 5-7/10. His activity level is 2-3/5. His sleep is fair to poor. Physical exam reveals: Palpation of the shoulder elicits moderate tenderness at superior aspect and anterior posterior area on the right. Sensation was intact to pinprick in the upper extremity bilaterally. Muscle strength is 5/5 strength in the upper extremities bilaterally. Range of motion of the right shoulder is limited. The active flexion is up to 90 degree, abduction up to 100 degrees, and extension up to 15 degrees. Internal rotation and external rotation are limited. The plan of care will include: Medication management and continuation of home exercises. Medications include: Lidoderm patch at night, Cymbalta 60mg daily, and Norco 10/325mg BID or TID as needed. There was no documentation in the medical record regarding functional improvement while on Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10-325mg #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Ongoing Opiate Management

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydrocodone/APAP 10/325 mg #75 is not medically necessary. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment needs to be included. This includes current pain; police reported pain over the period since last assessment, average pain, intensity of pain after the last opiate, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by patient's decreased pain, increased level of function or improved quality of life. The four domains for ongoing monitoring must be in the medical record. These (four Domains) are proposed as the most relevant for ongoing monitoring of chronic pain patients on opiates. They include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or drug-related behaviors. In this case, a progress note from January 2014 indicates the injured worker was taking Norco 10/325 mg twice a day to three times a day. At that time, the treating physician advised the injured worker he was taking too much Norco. In a May 2014 progress note, the injured worker was taking Norco twice a day to three times a day. There was there was no detailed ongoing documentation and review as it pertains to opiate use. There was no guidance as to pain relief, side effects physical or psychosocial functioning nor was there documented any potentially aberrant behaviors. There was no functional improvement documented in the record in any of the progress notes. Additionally, the diagnosis is unclear for which chronic opiate use is indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, hydrocodone/APAP 10/325 mg #75 is not medically necessary.