

Case Number:	CM14-0155070		
Date Assigned:	09/25/2014	Date of Injury:	04/17/2008
Decision Date:	10/27/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 is a 43-year-old male who reported injury on 04/17/2008. The mechanism of injury was plywood slipped and pulled and twisted the injured worker's arm. The injured worker was noted to have undergone right shoulder arthroscopy, extensive debridement of the superior labrum and synovium from the anterior and posterior portals, biceps tenotomy and a revision of a rotator cuff repair and subacromial decompression on 05/16/2014. Prior therapies and treatments include chiropractic treatments, physical therapy and medications. The injured worker underwent MRIs and CT scans, as well as electrophysiologic studies. The documentation of 09/03/2014 revealed the injured worker was taking his medications; the office note was handwritten and difficult to read. The physical examination was handwritten. The diagnoses included adhesive capsulitis, sexual dysfunction, insomnia and gastropathy secondary to medication use and degenerative disc disease of the cervical spine. The treatment plan included increasing metformin, increasing insulin and OxyContin 20 mg and Norco 10/325. There was no Request for Authorization submitted for review or rationale for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation failed to meet the above criteria. The duration of use could not be established through supplied documentation. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for OxyContin 20 mg #60 is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lorta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation failed to meet the above criteria. The duration of use could not be established through supplied documentation. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #60 is not medically necessary.