

Case Number:	CM14-0156601		
Date Assigned:	09/26/2014	Date of Injury:	12/12/2011
Decision Date:	10/28/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/24/2014

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:

The injured worker is a 48-year-old male who reported an injury on 12/12/2011. The mechanism of injury occurred when he was lifting a child from a car seat. The diagnoses included left shoulder pain. Past treatments included corticosteroid injections, physical therapy and medications. Diagnostic studies included an unofficial MR arthrogram of the left shoulder obtained on 10/03/2013, which reportedly revealed a large SLAP tear of the labrum, calcified loose bodies within the subcoracoid process and severe cartilage thinning of the glenoid with full thickness cartilage loss posteriorly, with subchondral cystic changes and cortical irregularity. Surgical history included left shoulder arthroscopy with labral debridement, decompression and distal clavicle excision on 08/23/2012. The clinical note dated 09/10/2014, indicated the injured worker complained of pain in the left shoulder with active movement, and periodic subluxing popping sensation. He rated the pain 8/10. Physical exam of the left upper extremity revealed positive O'Brien's and Hawkins tests, and painful and restricted range of motion with abduction 110 degrees and forward flexion 130 degrees. Current medications included ibuprofen and Tylenol with codeine. The treatment plan included APAP/codeine 300-30 mg #30. The rationale for the treatment plan was pain control. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of APAP/Codeine tab 300-30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: The California MTUS Guidelines indicate that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The guidelines go on to state that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation provided indicated that the injured worker was seen in urgent care on 08/26/2014 for the onset of left shoulder discomfort. At that time he was provided a prescription for Tylenol with codeine. The clinical note dated 09/10/2014, indicated the injured worker complained of left shoulder pain rated 8/10. It is unclear if the injured worker had been taking the requested medication prior to being seen in urgent care. There is a lack of clinical documentation of the efficacy of the requested medication including quantified pain relief and functional improvement. Additionally, there is a lack of documentation that a trial of conservative treatment including non-opioid analgesics had failed. The request also does not indicate the frequency for taking the medication. Therefore, the request for pharmacy purchase of APAP/codeine tab 300-30 mg #30 is not medically necessary.