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| Case Number: | CM14-0166508 | | |
| Date Assigned: | 10/13/2014 | Date of Injury: | 09/12/2013 |
| Decision Date: | 12/09/2014 | UR Denial Date: | 09/10/2014 |
| Priority: | Standard | Application Received: | 10/09/2014 |

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 Orthopedic Surgery 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 32-year-old female sustained an industrial injury on 9/12/13. The mechanism of injury was not documented. Records indicated that Hydrocodone/APAP 10/325 mg has been prescribed since at least 2/20/14 with documentation of "some stomach issues" for which she was prescribed Prilosec. She underwent right shoulder arthroscopy with acromioplasty, Mumford procedure, lysis of adhesions with subacromial bursectomy, partial synovectomy, removal of loose bodies, anterior capsular release, and manipulation under anesthesia with intra-articular injection on 5/13/14. The 7/3/14 treating physician progress report indicated that the patient felt the same since her last office visit and continued to have pain. Pain was reported 5/10. There was some progress in range of motion due to physical therapy. There was stiffness and weakness in internal/external rotation of the shoulder. X-rays of the right shoulder and humerus showed no progressive of degenerative changes. The treatment plan recommended continued physical therapy. The patient was to remain off work and follow-up in 6 weeks. The 9/10/14 utilization review denied the 7/3/14 request for Hydrocodone/APAP/Ondansetron as there was no indication for Ondansetron and guidelines only supported short term use of Hydrocodone/APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP/Ondan 10/300/2mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-emetics (for opioid nausea), Compound drugs

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of Hydrocodone/APAP for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. The Official Disability Guidelines stated that anti-emetics, such as Ondansetron, are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guideline criteria have not been met. There is no evidence of specific pain reduction or functional benefit with the use of Hydrocodone/APAP in the post-surgical period to support continued use. There is no current documentation of nausea and vomiting to support the addition of an anti-emetic medication. As all components are not recommended, this compounded product is not recommended. Therefore, this request is not medically necessary.