MAXIMUS Federal Services

Case Number:	CM14-0168183		
Date Assigned:	10/15/2014	Date of Injury:	09/24/2013
Decision Date:	11/18/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/13/2014

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 is a 50-year-old female who fell off of a stepladder at work on 09/24/13. The medical records provided for review documented that the claimant underwent left shoulder arthroscopic surgery in March 2014. The office note dated 09/02/14 noted that the claimant had continued left shoulder pain, low back pain with right greater than left lower extremity symptoms, and that her current medication doses facilitated maintenance of activities of daily living. The claimant recalled a history of at times requiring up to five Hydrocodone prior to taking Tramadol ER and is currently consuming no more than two to three Hydrocodone for breakthrough pain only. She was noted to be using Tramadol 300 mg. per day which did decrease the somatic pain scores reported by the claimant. It was noted that antiinflammatories did not facilitate or improve range of motion and there was documentation of a history of gastrointestinal upset with antiinflammatories. The claimant recalled refractory spasms prior to Cyclobenzaprine on board at current dosing. Spasm was refractory to activity modification, stretching, heat, physical therapy, and home exercises. Cyclobenzaprine decreased spasm for approximately four to six hours facilitating marked improvement in range of motion, tolerance to exercise, and additional decrease in overall pain. Physical examination revealed tenderness about the left shoulder with limited range of motion. There was tenderness about the lumbar spine and lumbar range of motion was 60 percent of normal flexion, 50 percent of normal extension, 50 percent of bilateral lateral tilt, and 40 percent of left and right rotation. There was a positive straight leg raise at 45 degrees for pain to the left foot pain and distal calf. Spasm of the lumbar paraspinal musculature and deltoid musculature was decreased. The claimant was given a diagnosis of status post left arthroscopic subacromial decompression performed on 3/17/14 and rule out lumbar intradiscal component.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Hydrocodone 10/325 mg, quantity #60,: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Theraputics, 12th Edition, Mcgraw Hill 2006 and Physician's Desk Reference, 68th Edition (www.RxList.com)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78, 91, and 124..

Decision rationale: California Chronic Pain Medical Treatment Guidelines recommend that the lowest possible dose of an opioid should be prescribed to improve pain and function. Prior to considering continuation of narcotics, there should be documentation that the four "A's" have been summarized to include analgesic, activities of daily living, adverse side effects, and aberrant drug taking behaviors. In addition, it is also noted that narcotics should be weaned in an attempt to decrease, minimize, and hopefully avoid withdrawal symptoms. Currently, there is no documentation to suggest that there has been any attempt at decreasing the dosage of the claimant's medication, the frequency, or weaning either successfully or unsuccessfully. The claimant is nearly eight months out from arthroscopic subacromial decompression of the left shoulder. The use of opioid medications for an uncomplicated arthroscopic shoulder would not generally be supported for eight months barring unusual postoperative complications which are not provided in the documentation presented for review. There is insufficient rationale and documentation supporting the medical necessity for the continued use of narcotics. This medication should be slowly decreased and eliminated which would generally be recommended at a rate of 10-15 percent weekly until it is eliminated. Long term use of opioid medications and risk of dependence is well-documented and further establishes the need to wean and ultimately discontinue the medication altogether. Based on the documentation presented for review and in accordance with guidelines, the request for the continued and regular use of Hydrocodone 10/325 #60 cannot be considered medically necessary or reasonable.