

Case Number:	CM14-0171382		
Date Assigned:	10/23/2014	Date of Injury:	09/24/2012
Decision Date:	12/10/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/16/2014

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, has a subspecialty in Interventional Spine 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 patient is a 55 year old male with an injury date of 09/24/12. Based on 09/24/14 progress report provided by [REDACTED], the patient complains of pain, weakness, discomfort and stiffness in the right shoulder. Physical examination of the right shoulder reveals tenderness in the subacromial space. The patient's forward flexion is 90 degrees and abduction is about 80 degrees. There is 4-/5 strength in abduction and external rotation. Patient experienced a right shoulder failed rotator cuff repair, per progress report dated 08/27/14. He also suffered from weakness and significant pain in the right shoulder, per the provider's progress report dated 07/16/14. The report indicates that he is unable to use his shoulder for activities of daily living. Per progress report dated 08/27/14, the patient underwent rotator cuff repair on 07/25/13 that failed to heal. The patient is off work since 07/16/14 pending surgery and further treatment. MRI of the right shoulder on 04/18/14 indicates:- Chronic, full-thickness supraspinatus tendon tear with tendon maceration- Moderate to severe supraspinatus muscle atrophy- Chronic partial width, full-thickness superior infraspinatus tendon tear along with infraspinatus muscle atrophy- Severe subscapularis tendinosis
Diagnosis 09/24/14:- Chronic right shoulder rotator cuff tear with failed repair. [REDACTED] is requesting for Hydrocodone/ Apap, 10/325 mg, # 60. The utilization review determination being challenged is dated 10/07/14. The rationale was lack of documentation to demonstrate (a) clinical efficacy with previous use (b) absence of aberrancy with copies of urine drug screening reports (c) any recent attempts to reduce opioid requirements. Treatment reports were provided from 05/16/14 to 09/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain , Criteria for use of Opioids Page(s): 60-61, 88-89, 76-78.

Decision rationale: This patient is status post right shoulder rotator cuff repair that has not healed, as per progress report dated 08/27/14, and is experiencing on pain, weakness, discomfort and stiffness in the right shoulder. The request is for Hydrocodone/ Apap, 10/325 mg, # 60. Patient's diagnosis dated 09/24/14 included chronic right shoulder rotator cuff tear with failed repair. MRI scan, dated 04/18/14, has revealed chronic, full-thickness supraspinatus tendon tear with moderate to severe supraspinatus muscle atrophy; chronic partial width, full-thickness superior infraspinatus tendon tear along with infraspinatus muscle atrophy; and severe subscapularis tendinosis. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there were no reports from provider prescribing the medications. The available reports are from another provider and only consist of prescriptions for Hydrocodone dated 07/02/14, 08/13/14, and 08/27/14. These progress reports do not discuss how hydrocodone reduces pain and promotes activities of daily living in the patient. The four A's are not specifically addressed including discussions regarding aberrant drug behavior, specific ADL's, adverse reactions, and aberrant behavior. Therefore, this request is not medically necessary.