

Case Number:	CM14-0175407		
Date Assigned:	10/28/2014	Date of Injury:	09/14/2005
Decision Date:	12/05/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/23/2014

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, has a subspecialty in pain Medicine and is licensed to practice in Virginia & Texas. 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 41-year-old female who reported an injury on 09/14/2005 due to an unknown mechanism. The diagnosis was status post rotator cuff repair and distal clavicle excision. Past treatments were physical therapy. Past surgeries were left shoulder arthroplasty and cervical fusion. The physical examination on 09/12/2014 revealed that the injured worker reported continued pain in the left shoulder, but overall felt she was improving. She had trigger point injections in the trapezius 2 days prior. Examination of the upper extremities was performed. The injured worker had full forward elevation. The injured worker had some pain with extremes of forward elevation. She had slight tenderness in the anterior shoulder. The treatment plan was for further therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Hydrocodone/APAP (Norco) 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Ongoing Management Page(s): 78.

Decision rationale: The decision for associated surgical service: hydrocodone/APAP (Norco) 10/325mg, #90 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. It is also recommended that the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The long term use of these medications should be based on measurements of pain relief and documented functional improvement without side effects or signs of aberrant use. Also, for ongoing management, there should be documentation of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.