

Case Number:	CM14-0179142		
Date Assigned:	11/03/2014	Date of Injury:	10/27/2005
Decision Date:	12/09/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/28/2014

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 54 year-old female with the date of injury of 10/27/2005. The patient presents with pain in her shoulders bilaterally, right side worse than left. The patient is not able to do any overhead activities, such as lifting, pushing, pulling or reaching. The range of b her shoulder motion is limited. She has 70 degrees of forward flexion in both shoulders and 30 degrees of abduction and very little internal/ external rotation. The patient is extremely symptomatic. The patient has hypersensitivity to pain. The patient is currently taking Vicodin and hydrocodone. According to [REDACTED] report on 09/03/2014, his diagnosis is adhesive capsulitis. The utilization review determination being challenged is dated on 09/29/2014. [REDACTED] is the requesting provider, and he provided treatment only 2 reports from 02/11/2014 to 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/300mg QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 8-9. Decision based on Non-MTUS Citation ODG, Low Back Complaints

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78; 88-89.

Decision rationale: The patient presents with pain and weakness in her shoulders bilaterally with limited range of shoulder motion. The request is for Hydrocodone/APAP 5/300mg #180. MTUS guidelines page 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. The physician' report does not show discussion specific to this medication. There are no four A's discussed. No opiate management including urine toxicology, CURES report discussion. Furthermore, there is no indication of dosage or number of this medication. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. Therefore, Hydrocodone 5/300mg QTY: 180 is not medically necessary.