

Case Number:	CM14-0024593		
Date Assigned:	06/11/2014	Date of Injury:	06/09/2010
Decision Date:	07/30/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/26/2014

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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 61-year-old female who reported an injury on 06/09/2010 due to an unspecified mechanism of injury. On 12/13/2013, she reported ongoing left shoulder pain that she rated at a 7-8/10. A physical examination of the left shoulder revealed range of motion with 0/150 degrees of flexion, 0/150 degrees of abduction, 0/60 degrees of internal and external rotation, and 0/40 degrees of adduction and extension. Tenderness to palpation was noted at the AC joint, along with a positive Speed's test, impingement, and positive O'Brien's test. Sensation was intact in the C5 distribution, muscle strength was 4+/5 with flexion, abduction, adduction, extension, and internal and external rotation. Guarding of the left shoulder was also noted. An unofficial MRI of the left shoulder dated 02/20/2013 revealed mild to moderate rotator cuff tendinosis with acromioclavicular joint degenerative change without full thickness tear or retraction, and without acute labral or osseous abnormality. Her diagnoses included left shoulder bursitis, left shoulder subacromial impingement, left shoulder adhesive capsulitis, status post left shoulder surgery in 2010, and left shoulder symptomatic AC joint degenerative disc disease. Prior treatments included chiropractic therapy, acupuncture, and pain medications. Her medications included Norco 7.5/325 mg #60, Prilosec 20 mg #60 for gastro protection with 2 refills. The treatment plan was for hydrocodone/APAP 7.5/325 mg tablets, 40. The request for authorization form was signed on 12/13/2013. The rationale for the treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 7.5/325 MG TABLETS, 40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, page(s) 78-79 Page(s): 78-79.

Decision rationale: The request for Hydrocodone/APAP 7.5/325 MG tablets, 40 is not medically necessary. The injured worker was noted to have been taking hydrocodone/APAP since at least 08/26/2013. The clinical note dated 12/13/2013 stated that laboratory tests were acceptable for medication management; however, the laboratory tests were not provided. The California MTUS Guidelines state that ongoing management of opioid therapy should include documentation using the 4 A's including analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. Office visits should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessments should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The injured worker continued to rate her pain at a 7-8/10 on the pain scale. There is no documentation of pain relief, increased level of function, appropriate medication use, or side effects. Based on the clinical documentation provided, it does not appear that the medication is helping to improve the injured worker's quality of life and reduce her pain. The request lacking evidence of the efficacy of the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Given the above, the request is not medically necessary.