

Case Number:	CM14-0030760		
Date Assigned:	06/20/2014	Date of Injury:	07/01/2010
Decision Date:	07/21/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/11/2014

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 Occupational Medicine and is licensed to practice in 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 39-year old male who had a work related injury on 07/01/2010. There is no noted mechanism of injury. The injured worker underwent surgery of his left shoulder in August 2013 and had an acromioplasty and a Mumford procedure. He has also been treated with pain medications, muscle relaxants and anti-inflammatories. He had physical therapy over 20 visits. Records dated 02/25/14 stated that he was advised to be more aggressive with his home based physical therapy program and doing the theraband as well as regular stretching which has helped. He was released to full duty without restrictions. It is noted that he has minimal intermittent pain over the lateral aspect of his left elbow and is able to use his left upper extremity for full functional tasks. He has been using Norco 10/325mg one tablet three times a day and prescribed a topical gel. Physical examination pain is rated as 1-2/10. Left upper extremity examination revealed no focal swelling over the forearm, elbow, wrist and hand. Active range of motion of the left shoulder abduction 145 degrees, passive range of motion is up to 150 degrees. Contralateral extremity has abduction and forward flexion to 160 degrees. External rotation 70 degrees, internal rotation 70 degrees with pain at end range. Left elbow examination reveals minimal tenderness over the lateral extensor region distal to the epicondyle. Dorsiflexion is 70 degrees, palmar flexion is 70 degrees. No focal tenderness to palpation of the left wrist is noted. Motor examination shows normal tone in the left upper extremity. Muscle strength is 5/5 in the upper extremities. Deep tendon reflexes are intact. Sensory exam is intact to light touch and pinprick in the left upper extremity. Diagnoses chronic left shoulder pain, status post left shoulder arthroscopy and Mumford procedure, chronic left lateral elbow pain secondary to extensor tendinopathy, left wrist pain status post triangular fibrocartilage repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen tab 10/325 mg #60, 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, opioids.

Decision rationale: This medication is not recommended as a first-line treatment for chronic non-malignant pain or for patients at high risk for misuse, diversion, or substance abuse. Clinical documentation submitted for review does not contain results of urine toxicology results. The request for Hydrocodone/Acetaminophen 10/325 mg tab # 60 is not medically necessary.

