

Case Number:	CM14-0044994		
Date Assigned:	06/20/2014	Date of Injury:	07/07/2009
Decision Date:	09/16/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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 and is licensed to practice in Maryland. 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 employee was a 48-year old male who sustained an industrial injury on 07/07/09. He developed right shoulder and bilateral wrist pain with some neck pain after lifting a metal duct overhead. His medications included Ambien, Norco 10/325mg every 6-8 hours, Lyrica 25mg BID, Opana ER 40mg every 12 hours and Prozac 20mg daily. During his visit on 10/3/13, he was noted to have shoulder pain on right side at 10/10 in intensity. His urine drug testing was positive for cannabinoid. He was seen on 01/02/14. His subjective symptoms included persistent right shoulder pain that was 7-8/10 in intensity. Pain was aggravated by repetitive activity. Current medications were helping some with pain. Objective findings included tenderness in the anterior aspect of the right shoulder, limited abduction and forward flexion. His diagnoses included shoulder sprain/strain, shoulder capsulitis, bicipital tendonitis, chronic pain, wrist pain and neck pain. He had right shoulder adhesive capsulitis and was encouraged to do home exercises. He was continued on Ambien 10mg daily, Norco 10/325mg every 6-8 hours (#90), Opana ER 40mg every 12 hours and Prozac 20mg twice daily. His work status was modified work without repetitive use of right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg, #90 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen. Decision based on Non-MTUS Citation

Hydrocodone/Acetaminophen and on the Non-MTUS Official Disability Guidelines (ODG) 2014-Pain Detoxification.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The employee was being treated for adhesive capsulitis of shoulder, bicipital tendonitis, neck and wrist pain. He was on conservative management including Physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, right shoulder injections, Opana 40mg every 12 hours and Norco 10/325mg every 6-8 hours. His pain level was documented to be 7/10 to 10/10 during different visits. According to MTUS Chronic Pain Guidelines four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. In addition, MTUS recommends that dosing of opioids should not exceed 120mg oral Morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Rarely and only after pain management consultation, should the total daily dose of opioid be increased above 120mg oral morphine equivalents. His current daily dose of opioid was 270 oral morphine equivalents was higher than the recommended dose. In addition, there was no documentation of adequate pain relief or functional improvement. There was a recent urine drug testing that revealed THC and there was no further urine drug testing. Given the lack of clear documentation on functional improvement and questionable aberrant behavior as evidenced by the inconsistent urine drug testing, the criteria for continued use of Norco 10/325mg #90 have not been met. The request for Norco 10/325mg #90 is not medically necessary or appropriate.