

Case Number:	CM14-0061579		
Date Assigned:	07/09/2014	Date of Injury:	08/17/2011
Decision Date:	09/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/02/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 59-year-old male with a 8/17/11 date of injury, when he injured his left shoulder while lifting a heavy object. The patient was seen on 1/29/14 with complaints of left upper extremity pain, which got better after a cervical epidural steroid injection. He also complained of swelling in his left hand. The patient was taking Norco 325mg-5mg, Hydrocodone/APAP, Gabapentin 300mg and other medications. The physical examination revealed left upper extremity atrophy, 5/5 motor strength in the right and 3-4/5 in the left upper extremity. The range of motion of the left shoulder was severely reduced, especially in abduction and flexion. The patient was seen on 4/9/14 with complaints of 5-6/10 pain and weakness in the left hand and shoulder. Exam findings revealed mildly reduced range of motion in the cervical spine with pain in extension and left rotation. The motor strength of the upper extremities was 5/5 on the right and 4/5 on the left with reduced sensation to light touch, pinprick and temperature along the left forearm and hand. The left upper extremity muscle had atrophy. The range of motion of the left shoulder was severely reduced, especially in flexion and abduction. The patient was taking Gabapentin 300mg, Diclofenac Sodium 100mg, Hydrocodone/Acetaminophen 5/300mg and was continuing physical therapy and home exercise program. The diagnosis is brachial plexus lesions, pain in joint in the shoulder region, cervical intervertebral disc displacement without myelopathy and myalgia and myositis. Treatment to date: 2 left shoulder surgeries (3/17/12 and 10/17/12), physical therapy, medications, work restrictions and cervical epidural steroid injections. An adverse determination was received on 4/17/14. The request was modified from Hydrocodone/APAP 5/300mg Quantity: 30.00 with 1 refill to Hydrocodone/APAP 5/300mg Quantity: 30.00 with no refills to allow for documentation of urine drug screen, screening for aberrant behavior and updated assessment of objective functional benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/300mg Quantity: 30.00 with 1 refill , per 04/09/14 form.: 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 Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The UR decision dated 4/17/14 modified the request for Hydrocodone/APAP 5/300mg Quantity: 30.00 with 1 refill to Hydrocodone/APAP 5/300mg Quantity: 30.00 with no refills to allow for documentation of urine drug screen, screening for aberrant behavior and updated assessment of objective functional benefits. The progress note dated 1/29/14 indicated that the patient was taking Hydrocodone/APAP 5/300mg and Norco 325mg-5mg. There is a lack of documentation with a recent urine drug screen test and ongoing review of objective functional gains from the opioid treatment. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Hydrocodone/APAP 5/300mg Quantity: 30.00 with 1 refill was not medically necessary.