

Case Number:	CM14-0071427		
Date Assigned:	07/16/2014	Date of Injury:	01/22/2010
Decision Date:	09/25/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/16/2014

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:

The patient is a 46-year-old female who has submitted a claim for shoulder pain, strain of rotator cuff tendon, and shoulder instability associated with an industrial injury date of 1/22/2010. Medical records from 1/28/2010 up to 4/1/14 were reviewed showing moderate to severe left shoulder pain which is frequent. Pain is associated with instability and multiple episodes of "popping out" but without the need for closed reduction. Left shoulder examination showed moderately decreased abduction strength, positive empty can test, apprehension sign with abduction and external rotation, and Jobe relocation. MRI showed negative for a full thickness cuff tear or obvious anterior inferior labral tear. Treatment to date has included Norco 10/325mg, Cymbalta, Flexeril, Percocet, Ambien, levothyroxine, Vesicare, Vicodin, Flector, Imitrex, Senokot, Topamax, Lamictal, and physical therapy. Utilization review from 4/18/2014 denied the request for ASA EC 325MG #10 and Hydrocodone/acetaminophen (Norco tablet) 325mg, 5mg #50 w/1 refill. Reason for denial was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

ASA EC 325MG #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aspirin, Journal of the American Heart Association, 2012;125:e439-e442 (doi: 10.1161/CIRCULATIONAHA.111.046243).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of American Heart Association was used instead. As per the Journal of American Heart Association, atherosclerotic plaques build up along the lining of blood vessels over many years in response to injury caused by high blood pressure, high blood cholesterol levels, etc. Aspirin reduces the risk of heart attacks and strokes by preventing blood clots from forming on the surface of ruptured atherosclerotic plaques. In this case, it is unclear when this medication was first prescribed. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. In addition, the patient does not have significant risk factors aside from a family history of hypertension and cardiovascular disease. It is unclear why there is a need for this medication at all. Therefore, the request for ASA EC 325mg #10 is not medically necessary.

Hydrocodone/acetaminophen (Norco tablet) 325mg, 5mg #50 w/1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: As stated on page 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been taking Norco since at least June 2011. However, there is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. In addition, the patient is currently taking Percocet. There is no discussion why similar medications should be used simultaneously. Therefore the request for Hydrocodone/Acetaminophen (Norco tablet) 325mg, 5mg #50 w/1 refill is not medically necessary.