

Case Number:	CM14-0091154		
Date Assigned:	07/25/2014	Date of Injury:	05/01/2012
Decision Date:	08/28/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/16/2014

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 Orthopedic Surgery, 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:

According to the records made available for review, this is a 49-year-old male with a 5/1/12 date of injury, and left shoulder arthroscopic rotator cuff repair, subacromial decompression, and glenoid labral repair on 7/11/14. At the time (6/10/14) of the Decision for Post-operative pain medications (name/dose/strength not identified), there is documentation of subjective (left shoulder pain and weakness radiating down to arm and elbow) and objective (decreased range of motion) findings, current diagnoses (status post rotator cuff tear, left shoulder, osteoarthritis and subacromial impingement of the acromioclavicular joint, labral tear of left shoulder), and treatment to date (medications including hydrocodone 10mg/acetaminophen 325). There is no documentation of which specific medication(s) are being requested as well as a diagnosis/condition (with subjective/objective findings) for which the requested medication(s) are indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative pain medications (name/dose/strength not identified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medical practice standard of care.

Decision rationale: MTUS reference to ACOEM guidelines identifies that oral pharmaceuticals are a first-line palliative method; nonprescription analgesics provide sufficient pain relief for most patients with acute work-related symptoms; if treatment response is inadequate (i.e., symptoms and activity limitations continue), physicians should add prescribed pharmaceuticals or physical methods; consideration of comorbid conditions, side effects, cost, and efficacy of medication versus physical methods and provider and patient preferences should guide the physician's choice of recommendations; and the physician should discuss the efficacy of medication for the particular condition, its side effects, and any other relevant information with the patient to ensure proper use and, again, to manage expectations. Medical Treatment Guideline/Medical practice standard of care criteria necessitate/makes it reasonable to require documentation of which specific medication(s) are being requested as well as a diagnosis/condition (with subjective/objective findings) for which the requested medication(s) are indicated, as criteria necessary to support the medical necessity of medication(s). Within the medical information available for review, there is documentation of a diagnosis of status post left shoulder surgery. In addition, there is documentaiton of a 7/11/14 surgery. However, there is no documentation of which specific medication(s) are being requested as well as a diagnosis/condition (with subjective/objective findings) for which the requested medication(s) are indicated. In addition, there is no documentaiton of the dose and strength. Therefore, based on guidelines and a review of the evidence, the request for Post-operative pain medications (name/dose/strength not identified) is not medically necessary.