

Case Number:	CM14-0091466		
Date Assigned:	07/25/2014	Date of Injury:	07/02/1997
Decision Date:	09/26/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/17/2014

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 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 65 year old male who had a work related injury on 07/02/97. He injured his shoulder while pulling on a cable while working as a lineman for the phone company. Prior treatment includes five right shoulder surgeries including shoulder replacement in 2003, trigger point injections, subdeltoid bursa injections, and cervical epidural steroid injections physical therapy. Physical examination, reveals normal muscle bulk with decreased range of motion of right shoulder, unable to fully extent left shoulder with hand above head, right hand could rise only below the level of his shoulder, mild pain at right anterior shoulder joint with palpation, mild subdeltoid bursa pain, no acromioclavicular joint mild posterior shoulder joint pain with palpation, sensation sharp stiff versus cotton swab decreased in left hand in fourth and fifth fingers, and cranial nerves intact. Diagnoses right shoulder chronic pain adequately controlled with medication. Left shoulder pain improved was reported. Prior utilization review on 05/29/14 was modified to wean over sixty days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: Current evidenced based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. Prior utilization review on 05/29/14 was modified to wean over sixty days. Therefore, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. Therefore Hydrocodone/Acetaminophen is not medically necessary.