

Case Number:	CM14-0096539		
Date Assigned:	07/28/2014	Date of Injury:	05/06/1999
Decision Date:	09/10/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/24/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 72-year-old female with reported injury on 05/06/1999. The mechanism of injury was not provided. On 06/17/2014, the injured worker presented with 8/10 pain in the shoulder. Upon examination of the left shoulder, the range of motion values were 100 degrees of flexion, 90 degrees of abduction, 90 degrees of external rotation and right shoulder range of motion values were 140 degrees of flexion, 120 degrees of abduction and 90 degrees of external rotation. There was intact sensation in the bilateral upper extremities. The diagnoses were left shoulder degenerative disc disease, intact cuff on MRI, and moderate to severe glenohumeral arthritis. Current medications were not provided. The provider recommended acetaminophen-codeine and Codeine sulfate. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen-Codeine 300mg-30mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for acetaminophen/codeine 300 mg/ 30 mg #40 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, and appropriate medication use and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. The efficacy of the prior use of the medication was not provided. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Codeine Sulfate 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 78 Page(s): 78..

Decision rationale: The request for codeine sulfate 30 mg #90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, and appropriate medication use and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. The efficacy of the prior use of the medication was not provided. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.