

Case Number:	CM14-0186998		
Date Assigned:	11/17/2014	Date of Injury:	08/22/2014
Decision Date:	01/05/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/10/2014

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 Family Medicine and is licensed to practice in Ohio. 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 35-year-old male with a date of injury of August 22, 2014. He fell down 3 steps impacting his left shoulder and right foot and ankle. He was seen on September 25, 2014 complaining of left shoulder pain 7-9/10, right ankle pain 6-8/10, and constant pain and numbness of the left shoulder. His pain levels had diminished by 50% with a combination of oxycodone and hydrocodone and it is said that his activities of daily living improved by 50% as well with pain medication. The physical exam revealed normal cervical range of motion. There was diminished left shoulder range of motion in all planes with a positive shoulder impingement test. There was diminished sensation to the lateral aspect of the left arm and shoulder. He was not able to heel-toe walk on the right side. The diagnoses included injuries of the left shoulder and left ankle with internal derangement, rule out rotator cuff tear, sprain of right ankle with internal derangement, numbness and weakness of the left arm possibly due to brachial plexus injury. The plan for treatment was hydrocodone/acetaminophen 10/325 mg 1 every 8 hours for pain and Naproxen 550 mg 1 every 8 hours for pain. He was to continue to wear the boot. He was referred for physical therapy. A request was made for an MRI of the left shoulder and bilateral ankles. At issue is the appropriateness of the hydrocodone prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg tablet, 1 tab q8h, 90 tabs for 30-day supply, for the management of shoulder and ankle pain (unknown if dispensed or undispensed):

Overtuned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Am J Manag Care. 2006 Jun;12(9 Suppl):S256-62. Differential diagnosis: nociceptive and neuropathic pain

Decision rationale: Those requiring opioids chronically should have ongoing assessment for pain relief, functional status, medication side effects, and any adverse drug taking behavior. Opioids may be continued if there is improvement in pain relief and functionality as a consequence. In this instance, the previous utilization review physician did not allow for hydrocodone/acetaminophen as he felt the pain was somewhat neuropathic but not nociceptive and more likely to be primarily mechanical/compressive. In this reviewer's opinion, the pain present is in fact nociceptive and therefore opioids are indicated. Pain, both acute and chronic, affects millions of people in the United States. Pain can be categorized along a variety of dimensions, including one of the most important divisions, nociceptive versus neuropathic pain (NP). Nociceptive pain results from activity in neural pathways secondary to actual tissue damage or potentially tissue-damaging stimuli. NP is chronic pain that is initiated by nervous system lesions or dysfunction and can be maintained by a number of different mechanisms. The treating physician has addressed all of the requirements for chronic opioid prescription. The injured worker has improved pain and functionality as consequence of the opioids. Therefore, Hydrocodone/Acetaminophen 10/325mg tablet, 1 tab q8h, 90 tabs for 30-day supply for the management of shoulder and ankle pain was medically necessary.