MAXIMUS Federal Services

Case Number:	CM14-0187198		
Date Assigned:	11/17/2014	Date of Injury:	01/24/2013
Decision Date:	01/05/2015	UR Denial Date:	10/27/2014
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 Physical Medicine and Rehabilitation 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:

This injured worker is a 56 year-old male with a date of injury of 01/24/2013 for right shoulder pain. According to the treating physician's progress note, dated 9/9/14, diagnoses include post-traumatic right shoulder pain, status post right rotator cuff tear repair, and persistent pain in the right shoulder. Subjective reports from the injured worker, also dated 09/09/2014, include constant right shoulder pain, the "right arm is not strong at all", and that he cannot lift over 40 pounds. Physical examination by the treating physician lists 4+ right shoulder tenderness with painful movements, a healed surgical scar, and range of motion up to 120 degrees. Treatments have included medications, heat therapy, physical therapy, and rotator cuff surgery of the right shoulder in 2013. The medications prescribed for the injured worker include hydrocodone, according to the submitted documentation. Diagnostic studies have included a Magnetic Resonance Imaging (MRI) of the right shoulder in 2013, the results of which were not submitted for review. On 09/09/2014, the treating physician ordered a Magnetic Resonance Imaging (MRI) of the right shoulder and a prescription for hydrocodone 10/325 #90. Request is being made for Hydrocodone 10/325 mg #90. On 9/24/14, Utilization Review non-certified a prescription for Hydrocodone 10/325 mg #90. Utilization Review non-certified a prescription for Hydrocodone 10/325 mg #90 based on insufficient documentation of clinical deficits and limitations to warrant opioid analgesia. As well, Utilization Review includes that there is no documentation of compliance to the guidelines for initiating opioid use such as urine drug screen, risk assessment profile, or pain contract on file. The Utilization Review cited the CA MTUS, Chronic Pain Medical Treatment Guidelines: Opioids. Application for independent medical review was received on 11/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 2013 injury without acute flare, new injury, or progressive deterioration. The Hydrocodone 10/325 mg #90 is not medically necessary and appropriate.