

Case Number:	CM14-0194016		
Date Assigned:	12/01/2014	Date of Injury:	09/30/2004
Decision Date:	01/14/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/19/2014

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 Management 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 65-year-old male with a 9/30/04 date of injury. At the time (9/19/14) of the request for authorization for Retrospective Hydrocodone/APAP 2.5/325mg #240, 90 Day Supply (Dispensed 09/19/2014), there is documentation of subjective (chronic depressive features and anxiety disorder) and objective (right shoulder shows increased signs of impingement, tenderness in the subacromial fossa posteriorly as well as the biceps tendon anteriorly, obvious loss of the integrity of the muscle, crepitus in the wrist) findings, current diagnoses (status post anterior/posterior labral repair of the right shoulder and superior to posterior labral repair, arthritic disease in the shoulder, subacromial decompression and arthroscopic distal clavicle resection, original subacromial decompression with a Mumford procedure 4/14/05, cervical radiculopathy symptoms, status post right shoulder impingement with surgical repair in June 2009, depression history as a result of chronic pain, status post right wrist strain/sprain, status post right biceps tendon rupture with repair, and right-sided denervation of C5-6 distribution with a brachial plexopathy), and treatment to date (medication including Hydrocodone/APAP for at least 5 months). There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/APAP use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone/APAP 2.5/325mg #240, 90 Day Supply (Dispensed 09/19/2014):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 116, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post anterior/posterior labral repair of the right shoulder and superior to posterior labral repair, arthritic disease in the shoulder, subacromial decompression and arthroscopic distal clavicle resection, original subacromial decompression with a Mumford procedure 4/14/05, cervical radiculopathy symptoms, status post right shoulder impingement with surgical repair in June 2009, depression history as a result of chronic pain, status post right wrist strain/sprain, status post right biceps tendon rupture with repair, and right-sided denervation of C5-6 distribution with a brachial plexopathy. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Hydrocodone/APAP for at least 5 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/APAP use to date. Therefore, based on guidelines and a review of the evidence, the request for Retrospective Hydrocodone/APAP 2.5/325mg #240, 90 Day Supply (Dispensed 09/19/2014) is not medically necessary.