

Case Number:	CM14-0199929		
Date Assigned:	12/10/2014	Date of Injury:	09/10/2012
Decision Date:	01/29/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 62 year old female caregiver who worked for in home health services and who had a date of injury of 09/10/2012. She injured her right shoulder while turning a client at home. She was pushed by the patient. She subsequently developed neck and back pain. She was treated with physical therapy, medication, acupuncture and activity modification. In 12/2012 she was prescribed opiates for pain (Vicodin). On 01/30/2013 she was taking Vicodin. In 07/2013 she was taking Vicodin. She took vicodin was 6 to 7 months and then this was changed to Norco. On 04/01/2014, on 04/23/2014 and on 05/13/2014 she was taking Norco. On 05/14/2014 she had a right shoulder MRI that revealed a full thickness supraspinatus tendon tear, subacromial impingement and acromioclavicular degenerative disease. On 08/26/2014 there was 4/5 right shoulder strength with decreased range of motion. She also had cervical and lumbar degenerative disease. She was taking Norco and Robaxin. On 09/29/2014 she was taking Norco and Robaxin. On 10/22/2014 she had a right rotator cuff repair, Mumford procedure and subacromial decompression. She had right shoulder surgery and post surgery physical therapy starting on 11/10/2014 - with instruction in a home exercise program. On 11/21/2014 there was no mention of an indication for Cipro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cipro 250mg #10: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine, 18th Edition. 2011.

Decision rationale: MTUS is silent on the need for Cipro. Cipro is an antibiotic and is frequently used for the treatment of urinary tract infections and other infections. There is no documentation in the medical record of any infection and there is no documented FDA approved indication for treatment with Cipro. Therefore, Cipro 250mg #10 is not medically necessary.

Hydrocodone/Acetaminophen 7.5/325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-79.

Decision rationale: Per MTUS, Chronic Pain Medical Treatment Guidelines, Page 78. 4) On-Going Management. Actions Should Include:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-Opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there

is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. There is insufficient documentation to substantiate that the above MTUS criteria were met for continued opiate treatment. Such as Hyrdocodone/Acetaminophen 7.5/325 #120 is not medically necessary.