

Case Number:	CM14-0203858		
Date Assigned:	12/16/2014	Date of Injury:	12/23/2008
Decision Date:	02/11/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/05/2014

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 Acupuncture & Pain Medicine, 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:

The injured worker was a 42 year old female, who was right handed, who injured both shoulders, on December 23, 2008. The injured worker had left shoulder surgery on September 2013 and a prior surgery on May 1, 2014. According to the progress note of May 21, 2014 the injured worker needed her anti-inflammatory medication and pain pills because she was having some pain. The physician anticipated the injured worker was going to have increased pain with starting physical therapy. The left shoulder flexion was 100 degrees, abduction was 100 degrees, internal rotation was 25 degrees external rotation was a little better at 45 degrees, however the injured worker had not started physical therapy yet. According to the progress note of June 24, 2014, the injured worker had not attended physical therapy was making great strides with the left shoulder. The left shoulder flexion was 125 degrees, abduction was 110 degrees, internal rotation of 45 degrees and external rotation of 55 degrees. The injured worker requested something stronger for pain, due to having trouble sleeping. Pain medication was changed from Norco 2.5mg to 10mg with Acetaminophen 325 mg. According to the medication list of July 28, 2014, Norco was 10/325 mg. he progress note of September 29, 2014, has the injured worker continuing with Norco 10/ 325mg, stating the injured worker was able to sleep and be more functional with decreased pain. The progress note of October 10, 2014, the injured worker had been discharged from care for the left shoulder. At that time, the injured worker was complaining of the right shoulder. Her pain medication remains unchanged. The documentation submitted failed to show rated pain of the left or right shoulder. The injured worker was discharged from physical therapy and surgical care of the left shoulder. On November 19, 2014, the UR denied authorization for hydrocodone 5/325mg, 90 tablets, due to the MTUS Chronic Pain Guidelines identifies recommendations of opioid use for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 As' (Analgesia, activities of daily living, adverse side effects, and any 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." Review of the available medical records reveals documentation to support the medical necessity of the requested medication. Per progress report dated 9/10/14, it was noted that with the medication she was able to sleep and be more functional with decreased pain. Her activities of daily living also were improved. The documentation includes UDS report dated 7/7/14 which was consistent with prescribed medications. The request is medically necessary.