

Case Number:	CM15-0004367		
Date Assigned:	01/15/2015	Date of Injury:	03/20/1999
Decision Date:	03/16/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old man sustained an industrial injury on 3/20/1999 to the right shoulder. The mechanism of injury is not detailed. Evaluations include right shoulder MRI dated 10/3/2011 showing moderate to severe tendinosis, labral tearing and a right shoulder x-ray dated 7/6/2011 showing only surgical changes. Treatment has included oral and topical medications, pool therapy, and cortisone injection. Physician notes dated 9/25/2014 show a significantly elevated pain rating at a 9/10 without medications and 8/10 with medications. The physicain decided that he could not decrease the Norco at this visit. Instead, a decision was made to increase the dose temporarily as he is experiencing an exacerbation secondary to pool therapy. There is a documented plan to decrease to 4/day at teh next visit. Follow up notes dated 10/16/2014 show the anticipated decrease in Norco, however a pain rating is not documented. On the next follow up visit dated 10/23/2014, the worker again had an increase to this dose with notation of another exacerbation in pain due to pool therapy. This was adjusted back down again on his visit on 11/20/2014 with a documented pain rating of 6/10. Due to the above occurences, it seems that the worker has not been able to wean off of the Norco. On 12/27/2014, Utilization Review evaluated a prescription for hydrocodone/acetaminophen 10/325 mg #120, that was submitted on 1/6/2015. The UR pohysician noted that there was no documentation of improvement in function or pain despite an ongoing prescription for hydrocodone/acetaminophen. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently applied to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325mg # 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-90.

Decision rationale: This patient presents with right shoulder pain. The patient is status post right shoulder arthroscopy from March 2012. The treater is requesting HYDROCODONE-ACETAMINOPHEN 10/325 MG #120. The RFA dated 10/02/2014 notes a request for hydrocodone-acetaminophen 10/325-mg tablet (take 1 every 4 to 6 hours as needed for pain, maximum 4 per day) #120. The patient's date of injury is from 03/20/1999, and his current work status is permanent and stationary not working. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. The records show that the patient was prescribed hydrocodone-acetaminophen on 07/03/2014. The 12/18/2014 report notes that the patient's pain level with medication is 6/10 and 8/10 without medication. The patient does not report any new problems or side effects. His sleep quality is fair and his activity level has remained the same. Movements are restricted in the right shoulder. Hawkin's test is positive. Shoulder crossover test is positive. There is tenderness noted in the acromioclavicular joint, glenohumeral joint, and subdeltoid bursa. The treater references a CURES report from 02/13/2014 that is appropriate. The treater notes that the patient's function with medication includes performing household tasks (including laundry, meal preparation) and self-care, writing/computer use, and grocery shopping. Without medications, the patient is only able to perform household tasks 10 minutes at a time. He does not exhibit any adverse behavior to indicate addiction. In this case, the treater has documented the 4 A's for ongoing use of hydrocodone-acetaminophen and the requested dosage is within the MTUS guidelines. The request IS medically necessary.