

Case Number:	CM15-0130455		
Date Assigned:	07/16/2015	Date of Injury:	04/01/2008
Decision Date:	08/12/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/07/2015

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: Preventive Medicine, Occupational Medicine

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 69 year old man sustained an industrial injury on 4/1/2008. The mechanism of injury is not detailed. Diagnoses include right shoulder biceps tendon injury status surgical repair. Treatment has included surgery, home exercise program and medications. The patient is retired. Physician progress note dated 6/3/2015 showed complaints of right shoulder pain that was noted to be unchanged. The injured worker has been out of opioid medications for several months. The worker rates his pain 2-3/10 with medications and 10/10 without medications. The pain medications help with exercise participation and sleep. On exam of the right shoulder, there was tenderness at AC joint and signs of impingement. The range of motion was limited. Recommendations include urine drug screen, continue home exercise program, Norco, Motrin, and follow up as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg #90 (30-day supply): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints Page(s): Chp 3 pg 47, 49; Chp 9 pg 204, 212, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Ibuprofen (Motrin) is a non-steroidal anti-inflammatory medication (NSAID). It is recommended to treat mild to moderate pain. It is available over-the-counter as 200 mg tablets and by prescription as 400 mg and 800 mg tablets. The MTUS notes that doses over 400 mg do not provide greater pain relief. NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records show the patient is not regularly using this medication for at least 2 months, use of ibuprofen remains an option in therapy. Medical necessity has been established; the request is medically necessary.

Hydrocodone/Acetaminophen 7.5-325 #30 (30 day supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1; 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, Hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg Hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120 mg/day of Hydrocodone. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to prevent iatrogenic morbidity and mortality. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. This is the crux of the decision for use of this medication in this patient. This patient has chronic pain. Although the provider has documented beneficial effects of decreased pain and increased function from use of this medication and the provider is screening for opioid misuse, there was no documentation in the records available for review that first-line medications for chronic pain, such as antidepressants or anti-epileptic drugs, have been tried. Considering all the above information, medical necessity for continued use of Norco has not been established; the request is not medically necessary.

