

Case Number:	CM15-0132859		
Date Assigned:	07/21/2015	Date of Injury:	11/23/2008
Decision Date:	08/24/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/09/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 is a 54-year-old, female who sustained a work related injury on 11/23/08. The diagnoses have included Treatments have included right shoulder steroid injections with benefit, physical therapy, right shoulder surgery, TENS unit therapy and medications. In the Office Visit note dated 5/21/15, the injured worker complains of right shoulder pain. She has associated symptoms of stiffness, tenderness and weakness. She rates this pain level an average of 2/10. She describes the pain as constant, aching, sharp, moderate and gradual. She has tenderness with range of motion. She has decreased range of motion. MRI of right shoulder performed on 2/4/15 shows a large chronic re-tear of rotator cuff that involves the supraspinatus and infraspinatus tendons with 4-5 cm retraction and severe muscle belly atrophy, abundant fluid in the subacromial/subdeltoid bursal spaces and moderate to severe glenohumeral joint osteoarthritis. She has a change in sleep pattern. She weaned off the Oxycontin 4/13/15. She states she did fine the first week and then took more hydrocodone for pain level of 5-9/10 then pain became "horrible" with pain level at 9/10, she was not able to function. She re-started the Oxycontin on 5/13/15. With this re-start of Oxycontin, she was performing activities of daily living and pain fell to 2/10. She is sleeping better. There is no documentation of working status. The treatment plan includes refills of medications and a request for authorization for a right shoulder injection with arthrogram under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, When to Continue Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

Decision rationale: According to the ODG and MTUS, Oxycodone (Oxycontin) is a long-acting opioid analgesic. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. According to the ODG, chronic pain can have a mixed physiologic etiology of both that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Hydrocodone/Ibuprofen 7.5/200mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, When to Continue opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: Vicoprofen (Hydrocodone/ Ibuprofen) is a short-acting opioid analgesic. It is recommended for short term use only. This combination opioid/NSAID has a low dose of ibuprofen (200mg) that is below the normal adult dose of 400 to 800 mg per dose and total max daily dose of 2400mg. Vicoprofen was approved only based on single dose, post-op pain and is approved to treat acute pain for generally less than 10 days. It may be considered an option for use at the time of injury, but the fixed dose of hydrocodone 7.5mg/ibuprofen 200mg and the maximum approved dose of 5 tablets daily may limit acute pain relief. Prescribing information also stresses that this product is not indicated for treating conditions such as rheumatoid arthritis or osteoarthritis. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of subjective or objective functional benefit such as return to work, indicating efficacy according to guidelines. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The request for Vicoprofen is not medically necessary.

Right shoulder intra-articular injection with arthrogram under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder injections, Shoulder arthrography.

Decision rationale: The ODG recommends subacromial steroid injections for the treatment of rotator cuff disease. Corticosteroid injections may be superior to physical therapy interventions for short-term results, with a maximum of three recommended. Subacromial injections of corticosteroids are effective for improvement for rotator cuff tendonitis up to a 9-month period. They are also probably more effective than NSAID medication. A subacromial injection is helpful to distinguish between shoulder weakness caused by impingement (shoulder strength improves after injection) and true rotator cuff tear (no change in strength). In this case, an MRI of right shoulder was performed on 2/4/15 revealed a large chronic re-tear of rotator cuff that involves the supraspinatus and infraspinatus tendons with 4-5 cm retraction and severe muscle belly atrophy, abundant fluid in the subacromial/subdeltoid bursal spaces and moderate to severe glenohumeral joint osteoarthritis. Guidelines state that a better outcome, in terms of range of motion, is reported after attendance at an active physical therapy program rather than with an intra-articular shoulder injection. There is limited research to support the routine use of subacromial injections for pathologic processes involving the rotator cuff, but this treatment can be offered to patients. Intra-articular injections are effective in reducing pain and increasing function among patients with adhesive capsulitis, which is not present in this patient. In addition, subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by MRI. An MRI of right shoulder was performed on 2/4/15, with results as stated above. There is no indication for an arthrogram with the above MRI results. Medical necessity for the requested shoulder injection with arthrogram under fluoroscopy has not been established. The requested procedures are not medically necessary.