

Case Number:	CM15-0134121		
Date Assigned:	07/22/2015	Date of Injury:	08/02/2004
Decision Date:	08/18/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66 year old male patient who sustained an industrial injury on 08/02/2004. A primary treating office visit dated 02/09/2015 reported the patient with subjective complaint of having pain persistently to the left shoulder. The pain is described as sharp and throbbing. Previous treatment to include: NSAID's, pain medications, physical therapy, injection, and surgical intervention. He utilizes heat/ice application for relief. Current medications are: Lyrica, Hydrocodone/APAP 10/325mg, Prilosec, Senna, Colace, ibuprofen, and Ativan. Objective assessment found positive impingement signs on the left. The impression noted left full thickness rotator cuff tear. The plan of care noted reported no further surgery recommended at this time. There is note that prior physical therapy session promoted pain and chiropractic and acupuncture had no benefit. The treating diagnoses were: sacroiliac joint pain, lumbar degenerative disc disease, spondylosis without myelopathy; lumbar facet arthropathy; lumbar radiculopathy, and left full thickness rotator cuff tear. A sacroiliac injection was administered. A follow up visit dated 06/03/2015 reported the patient complaining that the Hydrocodone 10/325 is inadequate treating the pain. The physician prescribed Percocet 10/325mg one four times daily as needed. There is recommendation to administer another sacroiliac injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Acetaminophen 10/325mg quantity unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2004 and continues to be treated for chronic pain. He underwent a right rotator cuff arthroscopic decompression and repair in January 2013. When seen, he was having lower lumbar pain radiating into the right lower extremity. He had constant pain rated at 10/10. Physical examination findings included left shoulder tenderness with positive impingement testing. There was tenderness over the lumbar spine and sacroiliac joints. There was pain with lumbar spine extension. Straight leg raising was negative. There was right knee tenderness. Medications were refilled. Percocet and Norco were prescribed at a total MED (morphine equivalent dose) of 120 mg per day. Hydrocodone/acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is 120 mg per day, the claimant has pain rated at 10/10 and there is no documentation that this medication is providing any increased level of function or improved quality of life. Continued prescribing was not medically necessary.