

Case Number:	CM15-0160951		
Date Assigned:	09/03/2015	Date of Injury:	10/30/2012
Decision Date:	10/06/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	08/17/2015

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 59 year old male who sustained an industrial injury on 10-30-12. Diagnoses are status post right shoulder arthroscopic subacromial decompression and rotator cuff repair 7-25-14 and neurologic changes status post surgery, rule out early sympathetically maintained pain syndrome-brachial plexus neuropathy. In a follow up consultation dated 7-9-15, the treating physician notes he is status post right shoulder surgery in July 2014. Right shoulder pain is rated at 7 out of 10 and left shoulder pain which is noted as compensatory is rated at 5 out of 10. Medication at current dosing facilitates activities of daily living. The injured worker reports times without medication jeopardized activities of daily living such as frequent inability to adhere to the recommended exercise regimen. The injured worker is noted to be in compliance with the 4 A's of narcotic medication use. Objective findings note tenderness of the right shoulder, flexion of 90 degrees and abduction of 80 degrees. Previous treatment includes heat, cold, stretching, physical therapy, home exercises, activity modification, transcutaneous electrical nerve stimulation, medication, and urine drug screening 4-3-15. Work status is temporary partial disability. The requested treatment is Hydrocodone-APAP 10-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in October 2012 and underwent a left shoulder arthroscopic subacromial decompressions with rotator cuff repair on 07/25/14. Medications are referenced as decreasing pain by 4-5 VAS points and with improved activities of daily living and household activities. When seen, there was right shoulder tenderness with decreased range of motion. Tramadol ER and Norco were prescribed at a total MED (morphine equivalent dose) of 70 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (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. There are no identified issues of abuse or addiction and medications are providing decreased pain and weaning to the lowest effective dose is being done. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.