

Case Number:	CM15-0161627		
Date Assigned:	09/10/2015	Date of Injury:	11/22/2013
Decision Date:	10/19/2015	UR Denial Date:	08/12/2015
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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 46 year old male, who sustained an industrial injury on November 22, 2013. The injured worker was diagnosed as having left shoulder impingement syndrome; rule out cervical radiculopathy-double crush and cervical-thoracic myofascial pain. Currently, the injured worker complains of left shoulder pain which he rates an 8 on a 10-point scale, right shoulder pain which he rates a 5 on a 10-point scale and cervical pain which he rates a 5 on a 10-point scale. He has tenderness to palpation over the bilateral shoulders and his left shoulder is Flexion 90 degrees, and abduction 90 degrees. His post-operative physical therapy facilitates diminished pain and improved range of motion. The injured worker has been treated with Tramadol since at least February 19, 2015 and with Hydrocodone since at least March 12, 2015. Treatment to date has included left shoulder subacromial decompression on April 6, 2015, physical therapy, home exercise program, opioid medications and NSAIDS. A request for Hydrocodone 10 mg #60 and Tramadol 50 mg #120 was received on August 5, 2015. The Utilization Review physician modified the request for Hydrocodone 10 mg #60 and Tramadol 50 mg #120 to allow initial reduction to 2 tablets daily for two weeks followed by complete cessation of the medication. This represents a 33% reduction in the initial 2 weeks and a 50% reduction in the following 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg #60 refills: unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: CA MTUS Guidelines state that opioids are recommended for short-term use in patients with moderate to severe pain. Opioids may be indicated for long-term use if there is documented improvement in pain relief and function along with the ability to return to work. Ongoing review and monitoring as recommended by MTUS Guidelines is required for long-term opioid use. In this case, the patient is also using a second short-acting opioid (Tramadol) and there is no rationale presented for the use of 2 short-acting opioids. The patient has been taking Hydrocodone since 3/12/2015. No exceptional factors are presented allowing deviation from the MTUS Guidelines are presented. Therefore the request for continuation of long-term Hydro-codone is not medically necessary or appropriate.

Tramadol 50mg #120 refills: unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: CA MTUS Guidelines state that opioids are indicated for short-term use in cases of moderate to severe pain. They can be indicated for long-term use if there is documentation of significant pain relief, improved function and the ability to return to work. Ongoing review and monitoring is required for long-term use. The request is for continuation of Tramadol, a short-acting synthetic opioid. In this case the patient is also prescribed Hydrocodone and there is no rationale given for the use of 2 short-term opioids. Guidelines also do not recommend the use of opioids for management of mechanical and compressive etiologies of pain. This patient has adhesive capsulitis of the shoulder and long-term opioids are not recommended. Therefore the request is not medically necessary or appropriate.