

Case Number:	CM15-0163557		
Date Assigned:	08/31/2015	Date of Injury:	05/22/2012
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a male, who sustained an industrial injury on 05-22-2012 secondary to being slammed into a wall and caught his elbow on a table. On provider visit dated 02-11-2015 the injured worker has reported right shoulder pain. Examination was not noted. The diagnoses have included chronic pain right shoulder, right shoulder impingement and status post right rotator cuff tear. Treatment to date has included medication which included Norco. There was no clear evidence of any significant reduction in pain level or improvement in functional capacity noted. The provider requested Hydrocodone-APAP 10-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase: Hydrocodone/APAP 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, pharmacy purchase hydrocodone/APAP 10/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic right shoulder pain; right shoulder impingement; and status post right shoulder rotator cuff tear. The date of injury is May 22, 2012. Request for authorization is July 9, 2015. The most recent progress note in the medical record is February 11, 2015. There is no contemporaneous clinical documentation by the requesting provider on or about the date of request for authorization July 9, 2015. According to the February 11, 2015, progress note, the injured worker's pain ranges from 1-7/10. Pain is in the right shoulder. A Medical Medication Management Clinic form dated August 20, 2014 is present in the medical record that reflects continued Norco 10/325mg 1 to 2 tablets per day. The documentation does not demonstrate objective functional improvement to support ongoing hydrocodone/APAP. There are no detailed pain assessments in the medical record. There were no risk assessments in the medical record. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no contemporaneous clinical documentation and no detailed pain assessments or risk assessments, pharmacy purchase hydrocodone/APAP 10/325 mg #60 is not medically necessary.