MAXIMUS Federal Services

Case Number:	CM15-0186947		
Date Assigned:	09/29/2015	Date of Injury:	06/17/2010
Decision Date:	11/09/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/22/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female who sustained an industrial injury on 06-17-2010. According to a progress report dated 07-16-2015, the injured worker continued to have persistent pain that was worse with increased activity. She presented with chronic bilateral shoulder pain. Treatment history has included left shoulder reversed total replacement in 2013 and 2 previous arthroscopic surgeries on the left shoulder. She was a graduate of a functional restoration program. She was starting to have some worsening of her right shoulder pain due to compensation. The provider noted that the injured worker had not had physical therapy in the last 12 months and felt that she would benefit from physical therapy. The provider noted that the injured worker was switched from Norco 3 tablets per day to Butrans patch and had titrated up to 15 mcg patches. A urine drug screen dated 06-25-2015 was positive for Hydrocodone, Hydromorphone and Benzodiazepine which was consistent with her previous usage of Norco, according to the provider. Butrans patch was "helping significantly" with her pain. Without medication pain was rated 10 on a scale of 1-10. With medication, pain was rated 4. She reported that she was able to vacuum and mop the floor better with less pain. She was able to continue her home exercise program and self-hygiene better with less pain. She denied any side effects with the medication. Current medications included Sentra PM, Lidocaine 5% ointment, Ketamine 5% cream, Gabapentin, Butrans 15 mcg per hour apply every 7 days, Advair, Ativan, Hydrochlorothiazide, Potassium, Premarin, Simvastatin, Trazodone, Zoloft, Phendimetrazine, Famotidine, Meloxicam and Pantoprazole. According to a visit note dated 09-01-2015, the injured worker was seen for a refill of her medications. Subjective and objective findings were

not documented in this report. Current medications included Sentra PM, Lidocaine 5% ointment, Ketamine 5% cream, Gabapentin, Butrans 15 mcg per hour apply every 7 days, Advair, Ativan, Hydrochlorothiazide, Potassium, Simvastatin, Trazodone, Zoloft, Phendimetrazine, Famotidine, Meloxicam and Pantoprazole. Diagnoses included long term use meds not elsewhere classified, pain in joint shoulder and pain psychogenic not elsewhere classified. The treatment plan included Hydrocodone-APAP 10-325 mg one every 8 hours as needed for pain #90. Documentation shows that the injured worker was prescribed Hydrocodone dating back to March 2015. On 09- 08-2015, Utilization Review non-certified the request for Hydrocodone-APAP 10-325 mg #90

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #90: 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, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Hydrocodone/APAP 10/325mg #90 is not medically necessary and appropriate.