

Case Number:	CM15-0189221		
Date Assigned:	10/01/2015	Date of Injury:	10/31/2008
Decision Date:	11/12/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/25/2015

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:

This is a 57 year old female with a date of injury of October 31, 2008. A review of the medical records indicates that the injured worker is undergoing treatment for status post right shoulder surgery in June of 2013, left shoulder pain, cervical pain, left wrist pain, left elbow pain, rule out lumbar disc injury, rule out lumbar radiculopathy, rule out early sympathetic pain syndrome, bilateral medial neuropathy, and tendinopathy-calcific tendinitis of the right shoulder. Medical records dated June 24, 2015 indicate that the injured worker complains of left shoulder pain rated at a level of 5 out of 10, lower back pain rated at a level of 6 out of 10, right greater than left lower extremity symptoms, cervical pain rated at a level of 5 out of 10, left elbow pain rated at a level of 5 out of 10, left wrist pain rated at a level of 6 out of 10, and right wrist and hand pain rated at a level of 7 out of 10. A progress note dated August 7, 2015 notes subjective complaints of similar to those reported on June 24, 2015 with the addition of right shoulder pain rated at a level of 8 out of 10. Records also indicate that medications "Facilitate maintenance of activities of daily living including necessary household duties, shopping for groceries, grooming, and simple food preparation and cooking. Medications also facilitate maintenance of healthy activity level and adherence to physical methods as encouraged per worker's compensation guidelines". The physical exam dated June 24, 2015 reveals decreased range of motion of the right shoulder, tenderness of the left shoulder, decreased range of motion of the left shoulder, tenderness of the lumbar spine, limited range of motion of the lumbar spine, diminished sensation right greater than left at the L5 and S1 dermatomal distributions, tenderness of the cervical spine, limited and painful range of motion of the cervical spine, positive Tinel's and Phalen's bilaterally, diminished sensation in the median nerve distribution bilaterally, diffuse

tenderness of the left elbow, and spasm of the cervical trapezius-deltoid tie-in. The progress note dated August 7, 2015 documented a physical examination that showed no changes since the examination conducted on June 24, 2015. Treatment has included physical therapy for the right shoulder, home exercise, injections, and medications (Hydrocodone 10mg twice a day, Naproxen 550mg three times a day since at least May of 2015). The original utilization review (September 4, 2015) non-certified a request for Hydrocodone 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg #60 prescribed 8/7/15: Overturned

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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The current request is for HYDROCODONE 10MG #60 PRESCRIBED 8/7/15. Treatment has included right shoulder surgery in June of 2013, physical therapy for the right shoulder, home exercise, injections, and medications. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 08/07/15, the patient is status post right shoulder surgery in June 2013 with continued pain. The patient also reported left shoulder, lower back, neck and bilateral wrist pain. The patient has been prescribed Hydrocodone for pain relief since at least March of 2015. Per report 04/08/15, the patient reports pain as 5-7/10. The treater states that medications at the current dosing facilitates maintenance of ADLs with examples including light household duties, shopping for groceries, grooming and cooking. The patient states without medications, she is unable to adhere to the recommended exercise regimen due to pain. Hydrocodone, in specific, decreased pain an average of 4-5 points, with no side effects. The treater states that routine UDS is administered to monitor compliance. In this case, the 4A's have been addressed, and adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.