

Case Number:	CM15-0189365		
Date Assigned:	10/01/2015	Date of Injury:	07/23/2012
Decision Date:	11/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/28/2015

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 43 year old female who sustained an industrial injury on 07-23-2012. On 02-11-2015, the injured worker underwent right shoulder surgery. According to a partially legible handwritten progress report dated 08-19-2015, the injured worker reported constant pain in the neck, right shoulder and elbow to hand. Neck pain was rated 7 on a scale of 1-10. Right shoulder pain was rated 8-9 without medication and 4-5 with medications. Diagnoses included cervical strain-sprain, right elbow pain, strain-sprain, right shoulder strain-sprain, right shoulder rotator cuff tear and right shoulder tendinitis-tendinosis. The treatment plan included continuation of current order for physical therapy. Prescriptions included Hydrocodone 10-325 mg #90 every 8 hours as needed for pain. Work status included modified work. An authorization request dated 08-20-2015 was submitted for review. The requested services included Hydrocodone 10-325 mg #90 one tablet every 8 hours as needed for pain. Documentation shows use of Hydrocodone dating back to 2014. Urine toxicology reports were not submitted for review. On 08-26-2015, Utilization Review modified the request for Hydrocodone-Acetaminophen 10-325 mg #90, 1 tablet every 8 hours as needed for right shoulder and cervical pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325 #90, 1 tablet every 8 hours as needed for right shoulder and cervical pain: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 08/19/15 with pain in the neck, right shoulder, right elbow, and right hand rated 4-5/10 with medications, 8-9/10 without. The patient's date of injury is 02/11/15. Patient is status post right shoulder arthroscopic subacromial decompression on 02/11/15. The request is for Hydrocodone/Acetaminophen 10/325 #90, 1 tablet every 8 hours as needed for right shoulder and cervical pain. The RFA was not provided. Physical examination dated 08/19/15 reveals tenderness to palpation of the right side of the neck and right shoulder, with reduced range of motion noted. The patient is currently prescribed Norco. Patient is currently advises to return to modified work. 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." In regard to the requested Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue it's use. Progress note dated 08/19/15 indicates that this patient's pain is reduced from 8-9/10 to 4-5/10 through the use of medications, though does not mention how medications improve this patient's function. Such vague documentation does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the provider does include documentation of analgesia via a validated scale. However, the provider fails to specify activity- specific improvements attributed to Narcotic medications, and a discussion regarding urine drug screen consistency to date. No statement indicating a lack of aberrant behavior is included, either. Without more specific functional improvements, consistent urine drug screening, and a statement regarding aberrant behavior, the continuation of this medication cannot be substantiated and the patient should be weaned. Owing to a lack of complete 4A's documentation, the request is not medically necessary.