

Case Number:	CM15-0190500		
Date Assigned:	10/02/2015	Date of Injury:	07/31/2012
Decision Date:	11/12/2015	UR Denial Date:	09/23/2015
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: Texas, California

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:

This is a 65 year old male patient, who sustained an industrial injury on 7-31-12. He sustained the injury while moving a sofa bed. The diagnoses include left lumbar radiculopathy, right shoulder calcific tendinitis-acromioclavicular osteoarthropathy and post right shoulder subacromial decompression x2. Per the doctor's note dated from 7-27-15 to 9-21-15 he had complaints of right shoulder pain, low back and bilateral knee pain (left greater than right) rated at 3-7 out of 10. He reports a decreased in his ability to engage in activities and function. The physical examinations dated from 7-27-15 to 9-21-15 revealed tenderness of the right shoulder "anterior aspect and acromioclavicular joint", moderately positive impingement signs, decreased deltoid musculature and swelling. The lumbar spine examination revealed positive straight leg raise bilaterally, minute sensation (left greater than right) L5-S1 "dermatomal distributions", mild tenderness at the "medial aspect of the left knee", spasms of the lumbo-paraspinal musculature and cervical trapezius-deltoid tie in. The medications list includes hydrocodone and cyclobenzaprine. He has had recent lumbar spine MRI dated 3/20/15. Treatment to date has included right shoulder surgery (x2), LSO back brace, medications; Hydrocodone (for at least 8 months), Cyclobenzaprine and Xanax and anti-inflammatory, physical therapy, home exercise program and ice. He has had urine drug screen on 2/2/15 which was positive for hydrocodone and hydromorphone and negative for cyclobenzaprine; on 3/2/15 which was positive for hydrocodone and negative for cyclobenzaprine. Disability status is permanent and stationary. A request for authorization dated 9-17-15 for Hydrocodone 10 mg #60 is modified to #11 and 1 urine drug screen is non-certified, per Utilization Review letter dated 9-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg #60: 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): Opioids (Classification), Opioids, criteria for use.

Decision rationale: Hydrocodone 10mg #60. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines cited below, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." In addition according to the cited guidelines "Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." Per the records provided, the patient had chronic right shoulder pain, low back and bilateral knee pain. The patient has objective findings on the physical examination- right shoulder- tenderness, positive impingement signs, decreased deltoid musculature and swelling; right knee tenderness, cervical and lumbar paraspinal spasm and positive straight leg raising test. So there were significant abnormal objective findings. The patient had objective evidence of conditions that can cause chronic pain with episodic exacerbations. Non-opioid medications are being tried as well. The patient has a history of 2 right shoulder surgeries. He has had urine drug screen on 2/2/15 and 3/2/15, which was positive for hydrocodone. So there was no evidence of aberrant drug behavior. The hydrocodone was prescribed in a relatively small quantity. The request for Hydrocodone 10mg #60 is medically appropriate and necessary for this patient to use as prn during acute exacerbations.

One urine drug screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: One urine drug screen. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The medications included hydrocodone and cyclobenzaprine. Hydrocodone is

an opioid analgesic and a controlled substance. It is medically necessary to perform a urine drug screen periodically to monitor the appropriate use of controlled substances in patients with chronic pain. The request of one urine drug screen is medically appropriate and necessary for this patient at this juncture.