MAXIMUS Federal Services

Case Number:	CM15-0191182		
Date Assigned:	10/05/2015	Date of Injury:	09/20/2009
Decision Date:	11/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/29/2015

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: New Jersey, New York
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:

The injured worker is a 46 year old male, who sustained an industrial-work injury on 9-20-09. He reported initial complaints of shoulder and back pain. The injured worker was diagnosed as having bilateral impingement of the shoulder. Treatment to date has included medication, home exercise program (HEP), surgery (superior labrum anterior to posterior (SLA P) repair on 5-13-14), injection to subacromial region on 7-31-14 and left subacromial region on11-19-14, left labral repair), physical therapy (16 sessions). MRI results were reported, per UR report, on 3-19-15 of the left shoulder noted subacromial bursitis and SLAP (superior labrum anterior- posterior) 2 tear. X-rays were reported, per UR report, on 7-14-14 of the shoulders documented possible AC (acromioclavicular) resection and possibly the acromion of the left and normal right. Currently, the injured worker complains of pain, status post left labral repair and back pain. Current meds include Celebrex and Norco. Response to mediations, appropriate use, and effectiveness was not documented. Per the primary physician's progress report (PR-2) on 8-21-15, exam noted healing surgical wounds, full range of motion to elbow. Current plan of care includes medication and continuing home exercises and return to work with limitations. The Request for Authorization requested service to include Hydroco- APAP tab 5/325mg 15 day supply Qty: 60 and Celecoxib cap 200mg 30 day supply Qty: 60.The Utilization Review on 8-27-15 denied the request for Hydroco- APAP tab 5/325mg 15 day supply Qty: 60 and Celecoxib cap 200mg 30 day supply Qty: 60, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/ APAP tab 5/325mg 15 day supply Qty: 60: 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.

Decision rationale: The request is considered not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain and function. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for hydrocodone-acetaminophen is not medically necessary.

Celecoxib cap 200mg 30 day supply Qty: 60: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The request is considered not medically necessary. As per MTUS guidelines, NSAIDs are recommended for short-term symptomatic relief. MTUS guidelines state that NSAIDS may not be as effective as other analgesics. Chronic NSAID use can potentially have many side effects including hypertension, renal dysfunction, and GI bleeding although less so with Celebrex. There was no objective documentation of functional improvement. Therefore, the request is not medically necessary.