

Case Number:	CM15-0195312		
Date Assigned:	10/09/2015	Date of Injury:	05/11/2005
Decision Date:	11/18/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, 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:

The injured worker is a 54 year old male, who sustained an industrial injury on 5-11-2005. The injured worker was being treated for chronic left shoulder pain secondary to acromioclavicular joint degenerative tendinitis status post arthroscopy with acromial decompression and debridement in 2008, right shoulder pain secondary to rotator cuff tear, chronic pain syndrome, muscle spasms, neuropathic pain, and anxiety. Medical records (5-20-2015 to 7-15-2015) indicate ongoing bilateral shoulder pain. The injured worker reported difficulty with overhead work and reaching. He currently takes one tablet daily of Hydrocodone-Acetaminophen 7.5-325mg. The treating physician noted the injured worker's pain medication helps him to function and perform his activities of daily living. The treating physician noted the injured worker has a very poor coping mechanism. The treating physician noted no adverse effects and no aberrant behavior. The physical exam (5-20-2015 to 7-15-2015) reveals ongoing decreased left shoulder range of motion without change. There is ongoing tenderness to palpation over the acromioclavicular joint with a positive Hawkins test. Per the treating physician (6-30-2015 report), the injured worker has undergone MRI, CT scan, and x-rays, but the dates and results of those studies were not included in the provided medical records. In addition, a recent urine drug screen was not included in the provided medical records. Treatment has included physical therapy, a transcutaneous electrical nerve stimulation (TENS) unit, epidural injections, biofeedback, cortisone injections, and pain medication (Hydrocodone-Acetaminophen 7.5-325mg since at least 1-2015), and medical marijuana. The requested treatments included

Hydrocodone-Acetaminophen 7.5-325mg #30. On 9-16-2015, the original utilization review non-certified a request for Hydrocodone-Acetaminophen 7.5-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 7.5-325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on pain medications for 10 yrs (unknown type) and Hydrocodone for at least 8 months. Pain scores were not noted. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Hydrocodone is not medically necessary.