

Case Number:	CM15-0203602		
Date Assigned:	10/20/2015	Date of Injury:	10/14/2004
Decision Date:	12/01/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/16/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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(n) 65 year old male, who sustained an industrial injury on 10-14-04. The injured worker was diagnosed as having status post remote left shoulder surgery x 3, left shoulder rotator cuff tendinopathy-tendinitis and bilateral wrist-hand pain. Subjective findings (5-1-15, 5-29-15, 6-26-15 and 7-24-15) indicated 6-7 out of 10 pain in the left shoulder and bilateral wrists-hands. The injured worker reported a successful trial of topical NSAIDs and failed oral NSAIDs due to gastrointestinal upset. The treating physician noted the disability status as permanent and stationary. Objective findings (5-29-15, 6-26-15 and 7-24-15) revealed diffuse tenderness in the left shoulder and left shoulder flexion is 100 degrees and abduction is 90 degrees. As of the PR2 dated 8-14-15, the injured worker reports pain in his left shoulder and bilateral wrists-hands. He rates his pain 6-7 out of 10. Objective findings include diffuse tenderness in the left shoulder and left shoulder flexion is 100 degrees and abduction is 90 degrees. Treatment to date has included physical therapy for the left shoulder, Tramadol, Celebrex and Hydrocodone (since at least 4-3-15). The Utilization Review dated 9-14-15, modified the request for Hydrocodone 7.5mg #60 to Hydrocodone 7.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5mg #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, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG (Pain / Opioids for chronic pain) states According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 8/14/15. Therefore the determination is for non-certification, not medically necessary.