

Case Number:	CM15-0033599		
Date Assigned:	02/27/2015	Date of Injury:	01/25/2002
Decision Date:	04/07/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57 year old male sustained an industrial injury on 1/25/02. He subsequently reports ongoing bilateral shoulder pain. Diagnoses include osteoarthritis and pain in joint. The injured worker has his 57 year old male sustained an industrial injury on 1/25/02. He subsequently reports ongoing bilateral shoulder pain. Diagnoses include osteoarthritis and pain in joint. The injured worker has undergone right shoulder surgeries. Treatments have included injections, physical therapy and prescription pain medications. On 2/6/15, Utilization Review partially-certified a request for Pharmacy purchase of Oxycod/APAP tab 10/325mg #120 and Hydrocodone/APAP 10/325mg, QTY: 120. The Oxycod/APAP was modified to QTY: 60 and the Hydrocodone/APAP was modified to QTY: 60. The above modifications were based on MTUS Chronic Pain guidelines. On 2/6/15, Utilization Review non-certified a request Amoxicillin 500mg, QTY: 30. The denial of the Amoxicillin was based on ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Oxycod/APAP tab 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The injured worker sustained a work related injury on 1/25/02. The medical records provided indicate the diagnosis of osteoarthritis and pain in joint. The injured worker has undergone right shoulder surgeries. Treatments have included injections, physical therapy and prescription pain medications. The medical records provided for review do not indicate a medical necessity for Pharmacy purchase of Oxycod/APAP tab 10/325mg #120. The MTUS recommends documentation of findings from the monitoring of pain control, activities of daily living, adverse side effects, and aberrant drug taking behaviors on individuals on maintenance treatment with opioids. The records reviewed do not indicate the injured worker if being monitored for these.

Hydrocodone/APAP 10/325mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 1/25/02. The medical records provided indicate the diagnosis of osteoarthritis and pain in joint. The injured worker has undergone right shoulder surgeries. Treatments have included injections, physical therapy and prescription pain medications. The medical records provided for review do not indicate a medical necessity for Pharmacy purchase of Hydrocodone/APAP 10/325mg, QTY: 120. The MTUS recommends documentation of findings from the monitoring of pain control, activities of daily living, adverse side effects, and aberrant drug taking behaviors on individuals on maintenance treatment with opioids. The records reviewed do not indicate the injured worker if being monitored for these. The Guidelines states, "the monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs".

Amoxicillin 500mg, QTY: 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases Amoxicillin (Amoxil®).

Decision rationale: The injured worker sustained a work related injury on 1/25/02. The medical records provided indicate the diagnosis of osteoarthritis and pain in joint. The injured worker has

undergone right shoulder surgeries. Treatments have included injections, physical therapy and prescription pain medications. The medical records provided for review do not indicate a medical necessity for: Amoxicillin 500mg, QTY: 30. The MTUS is silent on this but the Official Disability Guidelines recommends it as first-line treatment for cellulitis and other conditions. There is no indication from the available documents the injured worker suffers from an infectious disease, or is being treated for wound infection.