

Case Number:	CM15-0035694		
Date Assigned:	03/04/2015	Date of Injury:	07/06/2011
Decision Date:	04/14/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/25/2015

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:

The injured worker is a 53 year old male who sustained an industrial injury on 07/06/2011. Current diagnoses include shoulder osteoarthritis, lateral epicondylitis, myofascial pain syndrome, cervical facet arthropathy, and occipital neuralgia. Previous treatments included medication management, right carpal tunnel release, right shoulder arthroscopy, physical therapy. Report dated 01/16/2015 noted that the injured worker presented with complaints that included right shoulder pain, right hand pain, upper back pain and neck pain on the right with radiating symptoms, and increased right elbow pain. Pain level was rated as 9 out of 10 on the visual analog scale (VAS). Current medication regimen includes Menthoderm ointment, naproxen sodium, Norco, eszopiclone, and omeprazole. Past medication list include Celecoxib, Vicodin, Norco and Ibuprofen. Physical examination was positive for abnormal findings. The patient has had normal gait, limited range of motion and tenderness on palpation of the cervical spine, positive cervical facet loading test, negative SLR and full ROM of the thoracic and lumbar spine. The patient sustained the injury when he lifted heavy boxes. He has had a urine drug toxicology report on 12/16/14 that detected presence of THC. The patient's surgical history include right CTR on 6/26/12, right shoulder arthroscopy and right wrist surgery. The patient had received right epicondyle injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP tab 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids Page(s): 76-80.

Decision rationale: Request: Hydroco/APAP tab 10/325 mg #60. Hydroco/APAP tab 10/325 mg #60 is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. He has had a urine drug toxicology report on 12/16/14 that detected presence of THC. This puts the pt at high risk for aberrant drug behavior. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Hydroco/APAP tab 10/325 mg #60 is not established for this patient.