

Case Number:	CM15-0047784		
Date Assigned:	03/19/2015	Date of Injury:	06/25/2014
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/13/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male, who sustained an industrial injury on 06/25/2014. He has reported subsequent left shoulder pain and was diagnosed with left shoulder subacromial bursitis and impingement and acromioclavicular osteoarthropathy and partial rotator cuff tear. Treatment to date has included oral pain medication and corticosteroid injection. In a progress note dated 01/20/2015, the injured worker complained of left shoulder pain that was rated as 7/10. Objective findings were notable for tenderness of the left shoulder with positive impingement signs and atrophy of the left deltoid. A request for authorization of Hydrocodone/Acetaminophen refill was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with left shoulder pain, rated 7/10. The request is for Hydrocodone 10/325mg #60. The RFA provided is dated 01/27/15 and the date of injury is 06/25/14. The diagnoses have included left shoulder subacromial bursitis and impingement and acromioclavicular osteoarthropathy and partial rotator cuff tear. Physical examination to the left shoulder on 01/20/15 revealed tenderness to palpation with left shoulder flexion 80 degrees and abduction 70 degrees. There is positive impingement signs, atrophy left deltoid. Per 12/30/14 report, medications include Hydrocodone, Cyclobenzaprine, Naproxen and Pantoprazole. The patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per 02/17/15 report, treater states, "medication includes hydrocodone 3 times a day. Medication facilitates improve tolerance to a variety of activity." Norco was prescribed to the patient per provided reports 11/11/14 through 02/17/15. The use of opiates requires detailed documentation regarding pain and function as required by MTUS. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.