

Case Number:	CM15-0087680		
Date Assigned:	05/11/2015	Date of Injury:	04/12/2013
Decision Date:	06/12/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/07/2015

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:

The injured worker is a 46 year old female, who sustained an industrial injury on 4/12/2013. Diagnoses include status post arthroscopic subacromial decompression and partial distal claviclectomy, left shoulder impingement syndrome, impending adhesive capsulitis left shoulder and bilateral median neuropathy (electrodiagnostic positive). Treatment to date has included medications, diagnostics, physical therapy, TENS unit and surgical intervention. Per the Primary Treating Physician's Progress Report dated 3/05/2015, the injured worker reported left shoulder pain rated as 8/10, left wrist/hand pain rated as 5/10 and right wrist/hand pain described as "burning" and rated as 3/10. Physical examination revealed tenderness to the left shoulder with markedly limited range of motion with pain and positive impingement signs. There was positive Phalen's and Tinel's bilaterally. The plan of care included medications and authorization was requested for Hydrocodone and ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Hydrocodone 10mg twice a day #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 Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 4/12/2013. The medical records provided indicate the diagnosis of status post arthroscopic subacromial decompression and partial distal claviclectomy, left shoulder impingement syndrome, impending adhesive capsulitis left shoulder and bilateral median neuropathy (electrodiagnostic positive). Treatment to date has included medications, diagnostics, physical therapy, TENS unit and surgical intervention. The medical records provided for review do not indicate a medical necessity for 2 Hydrocodone 10mg twice a day #60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The documents reviewed lacks information on how long the injured worker has been on the medication, although the report indicates the injured worker had surgery on 11/17/2014. The records reviewed indicate the injured worker is not properly monitored for pain relief, activities of daily living and aberrant behavior. Therefore the request is not medically necessary.

Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-82.

Decision rationale: The injured worker sustained a work related injury on 4/12/2013. The medical records provided indicate the diagnosis of status post arthroscopic subacromial decompression and partial distal claviclectomy, left shoulder impingement syndrome, impending adhesive capsulitis left shoulder and bilateral median neuropathy (electrodiagnostic positive). Treatment to date has included medications, diagnostics, physical therapy, TENS unit and surgical intervention. The medical records provided for review do not indicate a medical necessity for Ibuprofen 800mg #60. Ibuprofen is an NSAID. The MTUS recommends the use of the lowest dose of NSAIDs for the shortest period in patients with moderate to severe pain. The MTUS states that doses of Ibuprofen greater than 400 mg have not provided greater relief of pain. Also there is no information regarding how low the injured worker has been on this medication, and the benefit derived from the medication. The request is not medically necessary.

