

Case Number:	CM14-0149182		
Date Assigned:	09/18/2014	Date of Injury:	11/02/2007
Decision Date:	10/17/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 65-year-old male with a date of injury of 11-2-2007. Evidently he was turning a water valve when he felt a crack sensation in the right neck radiating to the back, into the left rib cage and around the left shoulder girdle. The diagnoses include a partial rotator cuff tear in the left side, cervical disc myelopathy, and left shoulder impingement syndrome. The physical exam reveals diminished range of motion of the cervical spine and left shoulder. The injured worker has been taking hydrocodone 10/325 twice-daily at least since December 12, 2013. Evidently the hydrocodone was only partially certified on 9/4/2014 for weaning purposes and on a subsequent visit more shoulder pain and diminished ability to do activities of daily living were generally described.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #60 with 4 refills: 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): 74-96.

Decision rationale: The above guidelines state that during the ongoing maintenance phase of opioid therapy there should be evidence of analgesia, review of adverse effects, documentation of functionality in relationship to the opioids, and monitoring for aberrant drug taking behavior. Typically, pain scales are used to describe average pain, least amount of pain, and greatest amount of pain. There should also be documentation regarding length of analgesia from the opioids. In this instance, the documentation generally has none of these features. The most recent entry describes increased pain and diminished functionality only in very general terms in the absence of opioids. Therefore, the provided documentation does not appear to satisfy the requirements of the above guidelines for continued opioid therapy and hence Hydrocodone/Acetaminophen 10/325mg #60 with 4 refills is not medically necessary. The treating physician should consult appropriate weaning guidelines for opioids.