

Case Number:	CM14-0177624		
Date Assigned:	10/31/2014	Date of Injury:	01/18/2013
Decision Date:	12/08/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 patient is a 52 year old male with an injury date of 01/18/13. The 08/15/14 progress report by [REDACTED] states that the patient presents with occasional left shoulder pain rated 1/10 and frequent left hand pain rated 5/10. The patient is temporarily totally disabled until 09/18/14. Examination reveals tenderness to palpation of the left shoulder and left hand. The patient's diagnoses include:*Significant crush injury left hand*Left hand arthrofibrosis*Status post extensor tenolysis of the left hand with hardware removal on 01/17/14*Left shoulder contusion and rotator cuff syndrome, rule out tearThe report states the patient is to continue over the counter medications for pain. The utilization review being challenged is dated 10/08/14. Reports were provided from 09/19/13 to 08/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anexsia 7.5/325mg (60 tabs): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment, Criteria For Use Of Opioids Page(s): 88-89,78.

Decision rationale: The patient presents with occasional left shoulder pain rated 1/10 and left hand pain rated 5/10. The provider requests for Anexsia 7.5/325 mg (60 tabs) (Hydrocodone/Acetaminophen an opioid). MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (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." The reports provided do not clearly show when the patient has been taking this medication. The 09/19/13 report shows the patient is taking Norco (Hydrocodone/Acetaminophen). Reports on 04/21/14 and 05/20/14 state the patient is using only over the counter medications and does not wish to take narcotics. The 06/11/14 report by [REDACTED] indicates the patient's use of the medication and on 08/15/14 it is stated the patient is taking over the counter medications. The reports by [REDACTED] provided from 02/25/14 to 07/29/14 do not show use of opioids/narcotics. The request for authorization is not provided; however the utilization review dated 10/08/14 indicates the date of the request is 10/06/14. In this case, it appears the patient is an intermittent long-term user of opioids since at least 09/19/13. The provider does not discuss why the medication is apparently restarted following a hiatus. The reports provided show routine assessment of pain using pain scales. Pain is recorded as follows for the shoulder: 8/10 on 09/19/13, 4/10 on 04/21/13 and 1/10 on 08/15/14. For the hand the reports shows: 2-8/10 on 09/19/13, 7/10 on 04/21/13 and 5/10 on 08/15/14. The 06/11/14 report by [REDACTED] states that Norco improves the patient's pain from 4/10 to 1/10 and helps ADLs around the house for a period of an hour as opposed to 40 minutes without the medication. However, no specific ADLs are mentioned to show a significant change with use of this medication. Opiate management issues are only partially discussed. A urine toxicology report from 09/19/13 is provided that shows Hydrocodone as "not detected" and not prescribed. The treatment report from that same date shows the patient is using Norco (Hydrocodone). The report is not discussed and the discrepancy is not explained. The reports also show a UDS as requested on 05/09/14, however, this report is not provided or discussed. The reports do not address side effects or aberrant behavior. There is no discussion of CURES. Furthermore, outcome measure are not provided as required by MTUS. In this case, recommendation is for denial.