

Case Number:	CM14-0213825		
Date Assigned:	12/31/2014	Date of Injury:	01/10/2010
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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 & Rehabn

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 following clinical case summary was developed based on a review of the case file, including all medical records: The patient is a 45 year old female with an injury date of 01/10/10. Based on the 11/06/14 progress report provided by treating physician, the patient complains of pain in both shoulders and left arm and hand. The patient is status-post right shoulder surgery 08/28/10. Physical examination of the left upper extremity revealed tenderness to palpation bilaterally at the subacromial region and anteriorly over the acromioclavicular joint. Range of motion was decreased, especially on flexion 30 degrees. The patient has had 2 injections and 1 block to the left stellate ganglion. Patient continues with acupuncture and physical therapy to the right shoulder. Patients current medications include Amitriptyline, Cyclobenzaprine, Duloxetine, Gabapentin, Hydrocodone/APAP, Omeprazole, Butrans patches and Cream, containing Ibuprofen. Inconsistent work status, per report dated 11/06/14 patient continues to work, but report dated 11/20/14 patient is to remain off-work. FCE test results 09/30/14 finds patient's physical abilities meet the job demands, however, some modification is needed. MRI of the right shoulder 05/09/14 shows acromioclavicular osteoarthritis. Diagnosis (11/20/14)- Right shoulder pain- Left shoulder pain- Impingement syndrome- Oth repr shldr- Osteoarthrosis - Shoulder - Unspec Gen or Local - Severe DJD The utilization review determination being challenged is dated 11/20/14. The rationale follows: "documentation provided for review did not identify any particular functional improvement... no specific pain improvement... did not include any compliance measures". Treatment reports were provided from 05/06/14 to 11/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg (unknown duration/quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, medication for chronic pain Page(s): 88-89, 76-78, 60-61.

Decision rationale: The patient presents with pain in both shoulders and left arm and hand. The request is for Hydrocodone/APAP 5/325MG. The patient has had 2 injections and 1 block to the left stellate ganglion. Patient continues with acupuncture and physical therapy to the right shoulder. Patient's current medications include Amitriptyline, Cyclobenzaprine, Duloxetine, Gabapentin, Hydrocodone/APAP, Omeprazole, Butrans patches and Cream, containing Ibuprofen. 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. Per progress report dated 11/06/14, treater's reason for the request is for pain management. However, treater does not document or discuss how using medication reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. There was a UDS report 09/08/14 submitted for review, but no CURES or opioid pain contracts. Also, there is no return to work or change in work status discussed. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.