

Case Number:	CM14-0214758		
Date Assigned:	01/07/2015	Date of Injury:	01/25/2014
Decision Date:	02/24/2015	UR Denial Date:	12/17/2014
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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 sustained a work related injury on January 25, 2014, while packing boxes, when reaching out to grab a falling bag the right hand became stuck in between two tables. The injured worker reported pain in the right hand as the hand was being pulled by a spinning table, feeling a popping sensation on the right shoulder as the hand was pulled out from between the tables. X-rays taken of the right hand at that time were reported to be normal. The following day the injured worker reported the symptoms were worse. The injured worker's conservative treatments were noted to include physical therapy with massage, electrical stimulation, exercise, and heat pads, oral medication, and a cortisone injection to the right shoulder. On June 26, 2014, the injured worker underwent a right shoulder arthroscopic subacromial decompression/bursectomy and glenohumeral joint debridement, including the biceps, labrum, and the synovium. The Primary Treating Physician's initial orthopedic evaluation dated November 5, 2014, noted the injured worker with generalized weakness and constant pain in the right hand and fingers, with associated numbness, tingling, weakness and cramping sensations. Physical examination of the right shoulder was noted to show a tender biceps tendon and acromioclavicular joint area, with diminished strength and no sign of instability. Physical examination of the right forearm and wrist was noted to show tenderness in the carpus area with diminished strength noted in the right wrist. The Physician noted x-rays taken that day showed the right shoulder with a type II acromion, mild hypertrophy of the acromioclavicular joint, and the shoulder somewhat low lying in the glenoid. X-rays of the right wrist and forearm were noted to show no abnormality whatsoever. The Physician noted the diagnoses as right shoulder

pain following arthroscopy, and right hand numbness. The injured worker was noted to be on modified work duty. The Physician requested authorization for an EMG/NCV study, Diclofenac XR 100mg #30, APAP with codeine 300/60mg #60 one by mouth every six to eight hours as needed with one refill, and re-evaluation in six weeks. On December 17, 2014, Utilization Review evaluated the request for an EMG/NCV study, Diclofenac XR 100mg #30, APAP with codeine 300/60mg #60 with one refill, and re-evaluation in six weeks, citing the MTUS Chronic Pain Medical Treatment Guidelines, the MTUS American College of Occupational and Environmental Medicine (ACOEM), and the Official Disability Guidelines (ODG). The UR Physician certified the EMG/NCV study, the re-evaluation in six weeks, and the Diclofenac. The UR Physician noted the Physician had not documented the Visual Analog Score (VAS) scores, or if a narcotic contract was provided. The UR Physician noted that the injured worker was not currently on any narcotic medication and that because the analgesic benefits of the APAP with codeine was not known, the request for the APAP with codeine 300/60mg #60 with one refill was modified to the #60 only. The one refill of the APAP with codeine was non-certified. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP with Codeine 300/60mg #60, with 1 refill each: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: APAP with Codeine 300/60mg is considered a class of mild opioid medications as some of codeine is metabolized to morphine in the body. It is also a medication that can be easily used for abuse. Page 79 of the MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. Additionally, this medication was prescribed in conjunction with other opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.