

Case Number:	CM15-0013787		
Date Assigned:	02/02/2015	Date of Injury:	04/28/2003
Decision Date:	07/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/23/2015

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, California
 Certification(s)/Specialty: Family Practice

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 35-year-old male, who sustained an industrial injury on 04/28/2003. He has reported subsequent shoulder, neck and back pain and was diagnosed with degeneration of cervical, thoracic and lumbar intervertebral disc and disorder of bursa of the shoulder region. Treatment to date has included medication, a home exercise and rest. In a progress note dated 12/12/2014, the injured worker complained of left shoulder pain with radiation down the left upper extremity. There were no abnormal objective examination findings documented. A request for authorization of Etodolac, Hydrocodone/Acetaminophen 325 mg #180 and Hydrocodone/Acetaminophen 325 mg #180 (do not fill before 01/09/2015) was submitted. The physician noted that these medications helped to reduce the injured worker's pain level by 60% and to allow him to return to work full time. The patient's surgical history include left shoulder revisional surgery. The medication list includes Etodolac, Hydrocodone and Lunesta. Per note dated 6/5/15 patient had complaints of left shoulder pain with radiation of pain in left UE. Physical examination of the left shoulder revealed joint stiffness, muscle spasm, muscle weakness, numbness and tingling in hand. The patient has had urine drug screen on 12/19/14 that was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac 300mg #60 with 1 Refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications - page 22.

Decision rationale: Request: Etodolac 300mg #60 with 1 Refill. Etodolac belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000). " He has reported subsequent shoulder, neck and back pain and was diagnosed with degeneration of cervical, thoracic and lumbar intervertebral disc and disorder of bursa of the shoulder region. Treatment to date has included medication, a home exercise and rest. In a progress note dated 12/12/2014, the injured worker complained of left shoulder pain with radiation down the left upper extremity. There were no abnormal objective examination findings documented. The physician noted that these medications helped to reduce the injured worker's pain level by 60% and to allow him to return to work full time. The patient's surgical history includes left shoulder revisional surgery. Per note dated 6/5/15 patient had complaints of left shoulder pain with radiation of pain in left UE. Physical examination of the left shoulder revealed joint stiffness, muscle spasm, muscle weakness, numbness and tingling in hand. NSAIDs like Etodolac are first line treatments to reduce pain. Etodolac 300mg #60 with 1 Refill use is medically appropriate and necessary in this patient.

Hydrocodone 10mg/Acetaminophen 325MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines - Opioids, criteria for use: page 76-80, Criteria For Use Of Opioids, Therapeutic Trial of Opioids.

Decision rationale: Hydrocodone 10mg/Acetaminophen 325MG #180. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. "The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non- opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional

status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The level of pain control with lower potency opioids (like Tramadol) and other non-opioid medications (antidepressants/ anticonvulsants), without the use of Hydrocodone, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Hydrocodone 10mg/ Acetaminophen 325MG #180 is not medically necessary for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

Hydrocodone 10mg/Acetaminophen 325MG #180 (Do Not Fill Before 1/9/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines - Opioids, criteria for use: page 76-80, Criteria For Use Of Opioids, Therapeutic Trial of Opioids.

Decision rationale: Hydrocodone 10mg/Acetaminophen 325MG #180. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. " The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. "The records provided do not provide a documentation of response in regard to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The level of pain control with lower potency opioids (like Tramadol) and other non opioid medications (antidepressants/ anticonvulsants), without the use of Hydrocodone, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Hydrocodone 10mg/Acetaminophen 325MG #180 (Do Not Fill Before 1/9/15) is not medically necessary for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.