MAXIMUS Federal Services

Case Number:	CM15-0019122		
Date Assigned:	02/09/2015	Date of Injury:	02/10/2011
Decision Date:	03/30/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/02/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old male, who sustained an industrial injury on 2/10/2011, while on prison work detail. The diagnoses have included pain in joint, shoulder region, and chronic pain syndrome. Treatment to date has included surgical intervention (June 2012, video arthroscopy of the right shoulder with subacromial decompression and Barkart repair with glenohumeral debridement) and conservative treatments. The orthopedic consultation report, dated 8/04/2014, noted that he sustained a recurrent dislocation jerking open a door, with three similar incidents in the previous 9 months. The recommendation was to use Tylenol or ice for pain and wean off Norco and Percocet, noting he was unable to take anti-inflammatory medications. The PR2 report, dated 9/03/2014, referenced magnetic resonance imaging of the left shoulder performed 8/12/2013, as showing an acromioclavicular joint arthrosis with a shoulder labral tear, tear of the posterior and superior labrum. Currently, the injured worker complains of recurrent dislocation of his left shoulder, with audible noise with dislocation. He also reported severe muscle spasms and stiffness. He appeared anxious and slightly agitated, had decreased range of motion to the left shoulder, positive apprehension test, and positive Hawkin's test bilaterally. Impression noted was right shoulder rotator cuff tear status post right shoulder arthroscopy and left shoulder labral tear with acromioclavicular joint arthrosis with recurrent subluxation/dislocation. His current medication regime included Norco 10/325 (1-2 tablets every 6 hours) and Percocet 10/325mg for severe breakthrough pain. Valium was initiated for muscle spasms. On 1/27/2015, Utilization Review (UR) non-certified a prescription request for Percocet 10/325mg #30, noting the lack of compliance with MTUS Chronic Pain Medical

Treatment Guidelines. The UR modified a prescription request for Norco 10/325mg #240 to Norco 10/325mg #200, and modified a prescription request for Valium 5mg #60 to Valium 5mg #50, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 240.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list for Hydrocodone/Acetaminophen Page(s): 90.

Decision rationale: The 1/27/2015 Utilization Review letter states the Norco 10/325mg #240 requested on the 1/14/15 medical report was modified for weaning due to inconsistent urine drug testing. According to the 1/14/15 pain management report, the patient has 10/10 left shoulder pain. Medications included: fentanyl 25mcg patch q3days; Norco 8/day; Valium 5mg 2/day. The diagnoses is bilateral shoulder strain; left SLAP lesion, AC arthrosis with recurrent dislocation; right shoulder rotator cuff repair status post arthroscopy. The patient states the fentanyl did not help and there was no authorization for Butrans. The physician recommended just Norco 8/day, Percocet 1/day; and Valium 2/day. There was an inconsistent UDT showing alcohol. MTUS Chronic Pain Medical Treatment Guidelines, pg 90 Opioids, specific drug list for Hydrocodone/Acetaminophen, states: "Hydrocodone has a recommended maximum dose of 60mg/24 hours" The patient has an inconsistent urine drug screen and has been using 80mg hydrocodone per day which exceeds the MTUS recommendations. The pain levels despite use of narcotic analgesics was reported as 10/10 without any mention of improvement in function, or quality of life. The request for Norco 10/325mg #240 IS NOT medically necessary.

Percocet 10/325mg quantity 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone & acetaminophen Page(s): 92.

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

Decision rationale: The 1/27/2015 Utilization Review letter states the Percocet 10/325mg, #30 requested on the 1/14/15 medical report was denied because the 4 A's for ongoing monitoring of opioid use were not adequately discussed. According to the 1/14/15 pain management report, the patient has 10/10 left shoulder pain. Medications included: fentanyl 25mcg patch q3days; Norco 8/day; Valium 5mg 2/day. The diagnoses is bilateral shoulder strain; left SLAP lesion, AC arthrosis with recurrent dislocation; right shoulder rotator cuff repair status post arthroscopy. The patient states the fentanyl did not help and there was no authorization for Butrans. The physician recommended just Norco 8/day, Percocet 1/day; and Valium 2/day. There was an inconsistent

UDT showing alcohol. The physician states: "The medications he states were helping him" MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for "Opioids, long-term assessment criteria for use of opioids Long-term Users of Opioids [6-months or more]" provides the criteria "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The available medical reports did not document pain or functional improvement compared to a baseline using a numerical scale or validated instrument. There was no reporting to suggest a satisfactory response with decreased pain or improved function or quality of life. The MTUS criteria for continued use of opioids for long-term has not been met. Based on the available reports, the request for Percocet 10/325mg, #30, IS NOT medically necessary.

Valium 5mg quantity 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressant Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: The 1/27/2015 Utilization Review letter states the Valium 5mg, #60 requested on the 1/14/15 medical report was modified for weaning because the MTUS guidelines do not recommend long-term use of benzodiazepines. According to the 1/14/15 pain management report, the patient has 10/10 left shoulder pain. Medications included: fentanyl 25mcg patch q3days; Norco 8/day; Valium 5mg 2/day. The diagnoses is bilateral shoulder strain; left SLAP lesion, AC arthrosis with recurrent dislocation; right shoulder rotator cuff repair status post arthroscopy. The patient states the fentanyl did not help and there was no authorization for Butrans. The physician recommended just Norco 8/day, Percocet 1/day; and Valium 2/day. There was an inconsistent UDT showing alcohol. The physician states: "The medications he states were helping him" The records show the patient has been using Valium since at least 10/30/14 MTUS Chronic Pain Medical Treatment Guidelines page 24 for Benzodiazepines states: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks The patient has been using Valium, a benzodiazepine, for over 3-months. MTUS guidelines limit use to 4-weeks. The continued use of Valium exceeds the MTUS guideline recommended duration. The request for Valium 5mg, #60, IS NOT medically necessary.