

Case Number:	CM15-0176069		
Date Assigned:	09/25/2015	Date of Injury:	02/19/1999
Decision Date:	11/03/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/08/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62-year-old female, with a reported date of injury of 02-19-1999. The diagnoses include impingement syndrome, rule out tendinopathy, right shoulder rotator cuff tear, lateral epicondylitis, medial epicondylitis, ulnar neuritis rule out cubital tunnel syndrome, and de Quervain's tenosynovitis. Treatments to date have included Ibuprofen, Acetaminophen, Omeprazole, Topical Lidocaine-Hydrochloride, Ultracet, right elbow surgery, physical therapy, and TENS (transcutaneous electrical nerve stimulator) unit. The diagnostic studies to date have not been included in the medical records. The progress report dated 07-20-2015 indicates that the injured worker complained of pain in the right shoulder, which was worse than at the last visit, and elbow and wrist pain, which was about the same as the last visit. She rated her shoulder pain 8 out of 10 at rest; and her lateral elbow and wrist pain 10 out of 10 at rest. The injured worker's current pain rating was 9-10 out of 10 with medication. It was noted that the pain was affecting the injured worker's ability to perform her usual and customary duties without having to use a significant amount of NSAIDs (non-steroidal anti-inflammatory drugs) which made her sleepy. On 06-08-2015, it was noted that since the injection, the injured worker's pain was rated 3 out of 10 at its best; 5 out of 10 at its worst; and currently 3 out of 10 with Ibuprofen. The objective findings include a normal left shoulder examination; severe swelling with moderate redness at the upper trapezius on the right; severe tenderness to palpation at the right trapezius; moderate tenderness at the rhomboids and lateral acromion; tenderness at the right acromioclavicular joint, anterior glenohumeral joint, and biceps tendon groove; positive right Hawkins and impingement signs; positive right cross arm test; intact sensation to light stroke to the distal upper extremity; right shoulder flexion at 100 degrees; right shoulder

extension at 30 degrees; right shoulder abduction at 80 degrees; right shoulder internal rotation at 80 degrees; and right shoulder external rotation at 60 degrees. An examination of the right elbow showed mild to moderate swelling without redness at the lateral epicondyle and extensor bundle to dorsal forearm; moderate tenderness to palpation of the lateral greater than medial epicondyle, with moderate to severe tenderness over the ante-cubital space; positive Tinel's at the olecranon; right elbow flexion at 130 degrees with guarding and pain; and right elbow extension at 0 degrees. An examination of the right wrist showed moderate swelling without redness at the distal radial forearm and dorsal hand; moderate tenderness to palpation at the radial styloid and the first CMC (carpometacarpal); positive Tinel's; thenar and hypothenar atrophy on the right; decreased sensation at the distal upper extremity on the right; right wrist flexion at 80 degrees; and right wrist extension at 70 degrees. It was noted that the injured worker did not show signs of abuse or diversion; and a signed medication agreement was in file. It was noted that the injured worker was permanent and stationary and was to return to work with permanent restrictions on 07-20- 2015. The treating physician requested Hydrocodone-Acetaminophen 10-325mg #60. On 09-02- 2015, Utilization Review (UR) non-certified the request for Hydrocodone-Acetaminophen 10- 325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg, quantity: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for osteoarthritis, Opioids, pain treatment agreement.

Decision rationale: The injured worker sustained a work related injury on 02-19-1999. The diagnoses include impingement syndrome, rule out tendinopathy, right shoulder rotator cuff tear, lateral epicondylitis, medial epicondylitis, ulnar neuritis rule out cubital tunnel syndrome, and de Quervain's tenosynovitis. Treatments to date have included Ibuprofen, Acetaminophen, Omeprazole, Topical Lidocaine-Hydrochloride, Ultracet, right elbow surgery, physical therapy, and TENS (transcutaneous electrical nerve stimulator) unit. The medical records provided for review do indicate a medical necessity for Hydrocodone/APAP 10/325mg, quantity: 60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. The MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The MTUS recommends continuation of opioid treatment if the patient has returned to work. The medical records indicate the injured worker was treated with Ibuprofen, Acetaminophen and Ultracet between 02/2015 and 04/2015. The treatment provided 30% improvement in pain. However, the pain particularly become severe when she returned from a month vacation and had to resume work without her medications. Considering the injured worker is working, she has taken NSAIDs without relief, she was taking the Ultracet (Tramadol and Acetaminophen) only when the other medications were unable to control her pain; and considering this is only needed for acute exacerbation of her pain, the requested treatment is medically necessary.