

Case Number:	CM15-0029429		
Date Assigned:	02/23/2015	Date of Injury:	07/13/2011
Decision Date:	04/01/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/17/2015

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: Emergency 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 53 year old female, who sustained an industrial injury on 07/13/2011. She has reported subsequent neck and shoulder pain and was diagnosed with cervicalgia and pain in shoulder joint. Treatment to date has included oral pain medication. In a progress note dated 01/06/2015, the injured worker continued to have right shoulder pain and was noted to be scheduled for shoulder surgery the following day. Pain was rated as 4/10. Objective findings were notable for tenderness of the right upper extremity and shoulder with reduced range of motion. The physician noted that Tylenol with codeine was being increased to help with surgical pain. The injured worker was noted to be unable to tolerate even small doses of Norco. The injured worker had a right shoulder arthroscopy with debridement on 01/07/2015. A progress note dated 01/15/2015 showed that overall the injured worker was doing well post surgery and prescribed Norco. A request for authorization of Hydrocodone/APAP and Oxycodone/APAP was made. On 01/28/2015, Utilization Review non-certified requests for Hydrocodone/APAP and Oxycodone/APAP, noting that the injured worker was unable to tolerate Norco and that there was not documentation indicating the medical necessity of three separate short acting opioids. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Hydrocodone/APAP 10/325mg, #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has had right shoulder pain and was noted to be scheduled for shoulder surgery the following day. Pain was rated as 4/10. Objective findings were notable for tenderness of the right upper extremity and shoulder with reduced range of motion. The physician noted that Tylenol with codeine was being increased to help with surgical pain. The injured worker was noted to be unable to tolerate even small doses of Norco. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment. Objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone/APAP 10/325mg, #30 is not medically necessary.

Oxycodone/APAP 10/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Oxycodone/APAP 10/325mg, #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has had right shoulder pain and was noted to be scheduled for shoulder surgery the following day. Pain was rated as 4/10. Objective findings were notable for tenderness of the right upper extremity and shoulder with reduced range of motion. The physician noted that Tylenol with codeine was being increased to help with surgical pain. The injured worker was noted to be unable to tolerate even small doses of Norco. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment. Objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance

including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycodone/APAP 10/325mg, #60 is not medically necessary.