

Case Number:	CM15-0048456		
Date Assigned:	03/23/2015	Date of Injury:	04/21/1998
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 68 year old male, who sustained an industrial injury on April 21, 1998. The injured worker was diagnosed as having degeneration of the lumbar lumbosacral disc, lumbar spinal stenosis, and shoulder pain in joint. Treatment to date has included two rotator cuff surgeries, functional restoration program, and medication. Currently, the injured worker complains of persistent severe back pain and shoulder pain, and intermittent leg pain. The Treating Physician's visit dated January 8, 2015, noted spasm and guarding in the lumbar spine, and tenderness bilaterally of the shoulders. Current medications were listed as Celebrex, Lidocaine ointment, Fluoxetine, and Hydrocodone-APAP. The Provider noted the injured worker with lumbar spinal stenosis documented on MRI, wishing to continue with conservative treatments, not interested in injections or surgery. The Physician noted a prescription for Hydrocodone-APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS unspecified):Hydrocodone/APAP 10/325 #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant is more than 15 years status post work-related injury and continues to be treated for chronic bilateral shoulder pain. Treatments have included two rotator cuff surgeries. Medications include hydrocodone / acetaminophen taken on a long term basis with reported benefit. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Hydrocodone/acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of hydrocodone/acetaminophen was medically necessary.