

Case Number:	CM15-0095615		
Date Assigned:	05/22/2015	Date of Injury:	08/10/2012
Decision Date:	06/24/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/18/2015

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, 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 64-year-old male, who sustained an industrial injury on 8/10/12. He has reported initial complaints of left shoulder and low back injury after loading a cart. The diagnoses have included left shoulder pain status post left shoulder surgery and left lumbar protrusion with radiculopathy. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, aqua therapy, orthopedic consultation, numerous left shoulder surgeries, lumbar orthosis and home exercise program (HEP). Currently, as per the physician progress note dated 3/27/15, the injured worker complains of left shoulder pain rated 6/10 on pain scale, low back pain rated 8/10 on pain scale with increased weakness in the left lower extremity (LLE), cervical pain rated 6/10 on pain scale. The pain has been unchanged from previous visits. The objective findings reveal tenderness to palpation of the left shoulder, tenderness to palpation of the lumbar spine; lumbar range of motion is limited due to pain and positive straight leg raise on the left. There is tenderness to palpation of the thoracic spine and thoracic range of motion is limited due to pain. The current medications included Hydrocodone, Ibuprofen, and Omeprazole. The urine toxicology report dated 9/25/14 and 12/1/14 was inconsistent with medications prescribed and the urine toxicology report dated 1/27/15 was consistent with the medications prescribed. The physician requested treatment included Hydrocodone 7.5mg, #60 for low back and shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; When to Discontinue Opioids Page(s): 91, 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for hydrocodone, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no current indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested hydrocodone is not medically necessary.