

Case Number:	CM13-0033288		
Date Assigned:	12/18/2013	Date of Injury:	02/22/2005
Decision Date:	02/24/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and Sports Medicine and is licensed to practice in New York and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 40-year-old female who reported injury on 02/22/2005. The mechanism of injury was noted to be a repetitive motion injury. The patient was noted to have persistent neck and right shoulder pain of a 5/10. The patient's diagnoses were noted to be right shoulder adhesive capsulitis and chronic neck pain, along with brachial neuritis. The request was made for a refill of hydrocodone 10/325.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/ Acetaminophen/ ongoing management Page(s): 91 and 78.

Decision rationale: CA MTUS states hydrocodone/acetaminophen is indicated for moderate to moderately severe pain and there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4 A's. There was a lack of documentation of exceptional factors to warrant nonadherence to

guideline recommendations. Given the above, the request for Hydrocodone 10/325mg #30 is not medically necessary.