

Case Number:	CM14-0111685		
Date Assigned:	08/01/2014	Date of Injury:	03/25/1998
Decision Date:	10/20/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/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 injured worker is a 59 year old male injured on 03/25/98 when he slipped on wet stairs and fell resulting in injury to the right knee, shoulders, and low back. The injured worker underwent left shoulder arthroscopic subacromial decompression and distal clavicle excision on 01/18/99 and lumbar epidural steroid injection without benefit on 01/23/07. Prior conservative treatment consisted of physical therapy, cortisone injection in the left shoulder, TENS unit, gym membership, exercise kit, chiropractic treatment, home exercise program, moist heat, interferential unit, psychotherapy, Theramine, Hydrocodone with Theramine copack, and Myotool. Clinical note dated 04/22/14 indicated the injured worker presented with slightly worsened symptoms evidenced by mildly positive straight leg raising due to lack of chiropractic therapy. The injured worker provided Norco and Theramine copack for pain management. No other physical exam findings provided. The initial request was non-certified on 07/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): Pages 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. There are no documented VAS pain scores for this injured worker with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As such, Hydrocodone/APAP 10/325 mg #60 cannot be recommended as medically necessary at this time.