

<b>Case Number:</b>	CM14-0152244		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	01/27/1995
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 60-year-old male who reported an injury on 01/27/1995. The mechanism of injury was a slip and fall. The diagnoses included status post cerebrovascular accident in 1995, chronic daily headaches, status post myocardial infarction, chronic bilateral shoulder pain, chronic hip pain, and chronic memory loss. The previous treatments included medication. The diagnostic testing included an MRI of the brain, EMG/NCV. Within the clinical note dated 08/19/2014, it was reported the injured worker complained of daily severe headaches. He reported pain in both shoulders and both hips. Upon the physical examination, the provider noted abduction of the right shoulder was 95 degrees, and extension at 30 degrees. The provider indicated there was no tenderness to palpation of the rotator cuff or paraspinal tenderness. The request submitted was for Lortab. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lortab:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, Page(s): page(s) 78..

**Decision rationale:** The request for Lortab is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The provider did not document an adequate and complete pain assessment within the documentation. The use of a urine drug screen was not submitted for clinical review. The request submitted failed to provide the frequency, quantity, and dosage of the medication. Therefore, the request is not medically necessary.