

Case Number:	CM14-0024022		
Date Assigned:	02/28/2014	Date of Injury:	07/20/2010
Decision Date:	07/23/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 49-year-old female patient with a 7/20/10 date of injury. The mechanism of injury was not provided. A 10/24/13 progress report indicated that the patient complained of constant pain in the left shoulder, 8/10, left elbow, 8/10 and left wrist 9/10. The patient had left shoulder arthroscopic surgery in 6/2013. Objective findings revealed that the range of motion was decreased mostly in the left shoulder and mild tenderness in the left lateral epicondyle. Urine drug screens dated 9/03/13 and 8/13/13 were negative for prescribed Ultram. A left shoulder MRI dated on 8/23/12 demonstrated evidence of impingement with down sloping of the acromion process impinging of the acromion process, spur formation of the AC joint degenerative changes. She was diagnosed with left shoulder sprain, left shoulder tendinitis, and status post left shoulder arthroscopy. Treatment to date: Physical therapy and medication management. There is documentation of a previous 1/12/14 adverse determination of the request not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION - NARCOTIC/HYDROCODONE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): page (79-81).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, the urine drug screens provided were inconsistent, with no evidence that the patient is taking the prescribed opiates. In addition, there was no documentation to support functional gain or pain relief. It was not clear what dosage of Hydrocodone and for how long it was going to be used. Therefore, the request for medication narcotic/Hydrocodone was not medically necessary.