

<b>Case Number:</b>	CM14-0024142		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/02/1992
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation, 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 underlying date of injury in this case is 6/2/92. Treating diagnoses include rotator cuff syndrome as well as left shoulder sprain. On 5/2/13, the treating orthopedist submitted a PR-2 report. That form indicates that the patient presented for a request for refills. The patient was felt to have a left shoulder sprain and history of a full-thickness rotator cuff tear and also a history of a right shoulder failed prosthesis with subsequent surgical re-implantation. The patient was given prescriptions for Norco, Prilosec, and Remeron, and follow-up was planned. A urine drug screen on 5/2/13 was consistent with hydrocodone use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/ACETAMINOPHEN 10/325 MG, QUANTITY 120, 30 DAYS:** 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 Section on Opioids and Ongoing Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Opioids and Ongoing Management, page 78, discussed in detail the 4 A's of opioid management to support an indication and benefit from such

treatment. The medical records in this case do not clearly report a diagnosis for which opioids are indicated. Moreover, the medical records did not discuss functional benefit from opioids, and in particular the records did not clarify what benefit is achieved through opioids which could not be achieved alternatively through non-opioid treatment. The treatment guidelines and medical records do not support this request. This request is not medically necessary.