

Case Number:	CM14-0034466		
Date Assigned:	06/20/2014	Date of Injury:	04/01/2012
Decision Date:	07/22/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/19/2014

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 patient is a 47 year old female who was injured on 04/01/2012. The mechanism of injury is unknown. Progress report dated 01/13/2014 documented the patient improved with physical therapy. Objective findings on exam revealed flexion to 90 degrees and extension to 20 degrees. The patient was diagnosed with sprain of the shoulder/arms, sprain of wrist and ganglion (NOS). The treatment and plan included continue physical therapy, home program, and Theracodophen 325 #60. Prior utilization review dated 02/26/2014 states the request for Theracodophen 325 is denied due to lack of documentation and medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Teracodophen-325: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-94.

Decision rationale: Web search showed that Theracodophen-325 (hydrocodone bitartrate, acetaminophen, gamma. aminobutyric acid) has not been FDA approved. According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented

pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical record did not document if Theracodophen-325 provided increased level of function, or improved quality of life. Given reasons above, the medical necessity of Theracodophen-325 has not been established.