

Case Number:	CM14-0036618		
Date Assigned:	08/27/2014	Date of Injury:	01/30/2013
Decision Date:	10/02/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/26/2014

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 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:

This is a 53 year old male with a 1/30/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 2/24/14 noted subjective complaints of neck, back, and left shoulder pain. Objective findings included left AC tenderness, biceps tendon tenderness. A progress report dated 6/11/13 noted medications including Norco. Diagnostic Impression: cervical strain with left upper extremity radiculitis, lumbar strain, left shoulder bursitis. Treatment to Date: medication management, physical therapy. A UR decision dated 3/21/14 denied the request for hydrocodone APAP (norco) #60. The patient is being continued on opioids for a prolonged period of time without objective evidence documented to support medical necessity. The patient is 14 months s/p DOI with reported continued issues and no demonstrated functional improvement with the medications prescribed. It also denied the request for left shoulder MRI. There was no objective evidence on physical exam to support an MRI. Not rationale for an MRI study was documented. There was no demonstrated intention of surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone APAP (Norco): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Page(s):

80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

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, given the 2013 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Hydrocodone APAP (Norco) was not medically necessary.