

Case Number:	CM14-0042655		
Date Assigned:	07/02/2014	Date of Injury:	01/22/2010
Decision Date:	09/26/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/09/2014

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 Georgia. 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 claimant is a 63 year old female presenting with chronic pain following a work related injury on 01/22/2010. The claimant reported left shoulder pain. The claimant was treated for chronic left shoulder sprain, rotator cuff tendonitis with a small partial thickness rotator cuff tear, degenerative arthritis of the acromioclavicular joint, impingement syndrome, and depression, status-post left shoulder arthroscopy, subacromial decompression, anterior acromioplasty and debridement of a partial thickness rotator cuff tear on 10/11/10. The claimant has tried physical therapy, acupuncture and medication. The physical exam showed well healed incisions, +1 tenderness to palpation of the anterior border of the left acromion, reduce range of motion of the left shoulder, pain with left shoulder motion, left shoulder abductor strength was 4/5. The claimant was prescribed Norco 10mg, Ultram, Relafen and Protonix. A claim was placed for Hydrocodone/APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Apap Tab 10/325mg days 1 Quantity 80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: The MTUS guidelines state that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore Hydrocodone/Apap Tab 10/325mg days 1 Quantity 80 is not medically necessary.