

Case Number:	CM14-0050640		
Date Assigned:	06/25/2014	Date of Injury:	11/08/2011
Decision Date:	07/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/24/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 injured worker is a 32-year-old male who was reportedly injured on 11/8/2011. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated 6/24/2014 indicates that there are ongoing complaints of left ankle, right knee, right shoulder and low back pain. The physical examination demonstrated right shoulder decreased range of motion and tenderness to palpation anterior shoulder. Lumbar spine: positive tenderness to palpation paravertebral muscles, positive spasm, and decreased sensation in L5 dermatomal distribution on the right. Right knee: joint line tender to palpation. Right ankle: positive edema, anterior talofibular ligaments tender bilaterally. Diagnostic imaging studies magnetic resonance image of the right knee 6/28/2013. Previous treatment includes right shoulder arthroscopy, physical therapy, and medications to include naproxen, omeprazole, Orphenadrine, and Norco 5/325. A request was made for Hydrocodone 5/325mg # 60, and was not certified in the pre-authorization process 3/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5-325 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 75-78.

Decision rationale: Norco (hydrocodone) is a short-acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain from work related injuries in 2011. However, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.