

Case Number:	CM14-0071229		
Date Assigned:	07/14/2014	Date of Injury:	08/07/2012
Decision Date:	08/14/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/16/2014

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 Nevada. 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 56-year-old female who was reportedly injured on August 7, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 1, 2014, indicated that there were ongoing complaints of right shoulder pain. The physical examination only stated that the injured employee held her arm against her body. No specific physical examination was performed. The injured employee was not wearing a sling. The treatment plan included postoperative follow-ups, continued CBT, Tylenol #3 and Lidoderm patches. Previous treatment included right shoulder surgery on June 16, 2014. A request had been made for Lidoderm patches, Tylenol #3 and hydroxyzine and was not granted in the pre-authorization process on April 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/Codeine 300-30mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 35 of 127.

Decision rationale: Acetaminophen (APAP)/codeine is recommended as an option for mild to moderate pain as indicated below. Codeine is a Schedule C-II controlled substance. It is similar to morphine. Sixty milligrams of codeine is similar in potency to 600 mg of acetaminophen and used for the treatment of mild to moderate pain. At the time of the most recent progress note, the injured employee was three weeks post-surgery and may very well require the use of APAP/Codeine for pain control. Therefore, this request for APAP/codeine is medically necessary.

Hydroxyzine 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved Labelling Information for Medication.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682866.html>.

Decision rationale: Hydroxyzine is a medication often used to relieve itching due to allergies or nausea and vomiting, due to various conditions including motion sickness. The most recent note in the medical record did not indicate that the injured employee was having any of these problems. Without specific justification, this request for hydroxyzine is not medically necessary.