

Case Number:	CM14-0092498		
Date Assigned:	07/25/2014	Date of Injury:	01/04/2012
Decision Date:	09/25/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/18/2014

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 records presented for review indicate that this 36-year-old individual was reportedly injured on January 4, 2012. The mechanism of injury was noted as a slip and fall type event. The most recent progress note, dated July 9, 2014, indicated that there were ongoing complaints of left lower extremity low back pain. The physical examination demonstrated tenderness to palpation about the left shoulder, a decreased range of motion; however, motor and sensory were intact. Diagnostic imaging studies objectified subacromial bursitis in the left shoulder. Electrodiagnostic studies a bilateral L5 and S1 radiculopathy. Previous treatment included multiple medications, physical therapy, and pain management interventions. A request had been made for narcotic medication and was non-certified in the pre-authorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone bit/APAP 10/325mg, QTY: 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: It was noted that the request for this medication was non-certified, as there was incomplete clinical information presented in the progress notes. However, the subsequent progress note addresses each of these issues. Use of this medication is intermittent for occasional breakthrough pain. With this medication, the injured employee is able to return to work on a full-time basis. As such, there is decreased symptomatology and increased functionality associated with use of medication. Therefore, the parameters noted in the MTUS are met, and at this time, there is a clinical indication for this medication and is medically necessary.