

Case Number:	CM14-0095274		
Date Assigned:	07/25/2014	Date of Injury:	06/11/2011
Decision Date:	09/30/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/23/2014

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 & Rehabilitation, and Pain Medicine and is licensed to practice in Texas. 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 53-year-old male who sustained multiple injuries to his upper extremities while moving an air conditioning unit on June 11, 2011. Through the course of treatment the injured worker was identified as having bilateral carpal tunnel syndrome per electromyography (EMG) dated May 10, 2013. He later underwent right shoulder surgery on June 25, 2012. He continues to have bilateral shoulder pain. The injured worker was chronically maintained on Hydrocodone/Acetaminophen 7.5/325-milligrams for his subjective complaints. Utilization review determination dated May 30, 2014 certified a request with modifications for Hydrocodone/ Acetaminophen 7.5/325-milligrams quantity eighty for progressive weaning. The certification expired on June 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP (7.5/325mg, #90 with 1 refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: Prior records include a utilization review determination dated May 30, 2014 in which a request for Hydrocodone/Acetaminophen 7.5/325 milligrams quantity eighty was certified for the purposed of weaning. At present there are no recent clinical records which indicate that the injured worker underwent a weaning of this medication as directed and a prior utilization review. The records as provided do not indicate that the injured worker has a signed pain management contract. There is no indication that the controlled substance utilization review system (CURES) database has been checked for compliance. There is no documentation of recent urine drug screen to assess compliance with the treatment plan as such the request would not meet criteria per California Medical Treatment Utilization Schedule (MTUS) for continued use of this medication. Therefore, the request is not medically necessary.