

Case Number:	CM14-0186174		
Date Assigned:	11/14/2014	Date of Injury:	04/17/2013
Decision Date:	01/06/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/07/2014

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 Family Medicine, and is licensed to practice in Florida. 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 patient is a 36-year-old male with a date of injury of 4/17/2013. The mechanism of injury is described as a fall from a height of 30 feet with multiple trauma related injuries sustained. He suffered multiple facial fractures and a right shoulder and knee injuries. Some of his recent diagnoses per a 9/2014 progress note are as follows: partial thickness articular side supraspinatus tear of the right shoulder, right shoulder asymptomatic acromioclavicular osteoarthritis, left shoulder partial thickness supraspinatus tear, left shoulder Type I SLAP lesion, left shoulder anterior inferior labral tear, right knee medial meniscus tear, osteochondral injury of the medial femoral condyle, and multiple other body part injuries per records. He underwent multiple facial fracture surgical procedures, and procedures are planned for the right shoulder and knee injuries. On 10/14/2014 a right knee arthroscopy procedure is planned. He has been being treated with medications that include chronic narcotics. He does have a pain management contract signed and has passed drug screens appropriately this year. A utilization review physician did not certify a request for renewal of Norco. He states that there is not adequate documentation of functional improvement on this narcotic medication. Therefore, an independent medical review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #180, take 2 tabs qid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain; Antidepressants for chronic pain; Chronic pain progr.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there was no documentation provided regarding objective functional improvement with this narcotic medication. Therefore, this medication request for Lortab is not medically necessary.