

Case Number:	CM14-0190492		
Date Assigned:	11/21/2014	Date of Injury:	01/24/2014
Decision Date:	01/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/14/2014

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 Anesthesiology and is licensed to practice in Tennessee, North Carolina and Georgia. 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 42-year-old female who reported an injury on 01/24/2014. The mechanism of injury was the injured worker tripped while exiting an elevator because the elevator floor was not even with the step out. The diagnostic studies were not provided. The injured worker underwent surgical intervention to her shoulder on 06/16/2014. Prior treatments included Vicodin, cortisone injections, physical therapy and a sling. The documentation of 10/22/2014 revealed the injured worker was taking high doses of narcotic pain medications postoperatively. The injured worker was noted to take Norco 10/325 mg 4 tablets per day. The injured worker was wanting to decrease the quantity of narcotics and as such, the injured worker was prescribed Norco 10/325 mg #50, tramadol 50 mg #60, and Tylenol No. 3 #15 for severe and moderate pain. For mild pain the injured worker was to take over the counter Tylenol or Advil. There was no Request for Authorization submitted for review. The diagnostic studies were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen/Codeine tab 300mg (quantity/duration unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80, 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, Ongoing Management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide a necessity for 3 medications for pain. The request as submitted failed to indicate the frequency and quantity. There was a lack of documentation of the above criteria. Given the above, the request for acetaminophen/codeine tab 300 mg (quantity/duration unknown) is not medically necessary.

Tramadol HCL tab 50mg (unknown quantity/duration): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80, 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, Ongoing Management, Opioid Dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide a necessity for 3 medications for pain. The request as submitted failed to indicate the frequency and quantity. There was a lack of documentation of the above criteria. Given the above, the request for Tramadol HCL tab 50mg (unknown quantity/duration) is not medically necessary.

Hydrocodone/APAP 10/325 (unknown quantity/duration): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80, 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, Ongoing Management, Opioid Dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide a necessity for 3 medications for pain. The request as submitted failed to indicate the frequency and quantity. There was a lack of documentation of the above criteria. Given the above, the request for hydrocodone/APAP 10/325 (unknown quantity/duration) is not medically necessary.