

Case Number:	CM14-0193069		
Date Assigned:	11/26/2014	Date of Injury:	06/25/2012
Decision Date:	01/13/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine and is licensed to practice in Utah. 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 64 year-old male. The patient's date of injury is 6/25/2012. The mechanism of injury was being stuck by a metal plate in the back. The patient has been diagnosed with shoulder joint pain, rotator cuff tear, low back pain, discogenic pain, detached biceps tendon, and lumbosacral neuritis. The patient's treatments have included physical therapy, activity restrictions, rest, immobilization, HEP, injections, imaging studies, and medications. The physical exam findings dated 6/20/2014 shows left shoulder with positive pain over the rotator cuff and trapezius. There is also noted painful arm (illegible) in all directions. The patient's medications have included, but are not limited to, Omeprazole. The request is for Hydrocodone/APAP. It is unclear how long this medication was used for and what the outcomes included.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Hydrocodone/APAP 2.5/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the clinical records, it is unclear how much Hydrocodone/APAP the patient was taking previously, if at all, and what the results/outcome of taking that medication was. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. According to the clinical documentation provided and current MTUS guidelines; Hydrocodone/APAP is not indicated a medical necessity to the patient at this time.