

Case Number:	CM14-0203566		
Date Assigned:	12/16/2014	Date of Injury:	10/01/2010
Decision Date:	02/05/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/05/2014

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, has a subspecialty in Pain Management and is licensed to practice in 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:

This 52 year old male was injured on 10/01/2010 while employed. On provider visit 10/30/2014 he was noted to have recurrent rotator cuff tears bilaterally, he has had three surgeries on the right side where continues complain of chronic pain. On examination he was noted to have muscle aches and weakness of right arm, joint pain of right shoulder, and pain with range of motion of right shoulder. His diagnoses were disorder of rotator cuff and myositis. His treatment plan included Hydrocodone 7.5mg - acetaminophen 325mg table take 1 tab PO every four hours as needed to for pain QTY: 75 and an Orthopaedic referral. He was noted to be undergoing physical therapy. The Utilization Review dated 11/10/2014 modified the request for Hydrocodone 7.5mg Acetaminophen 325mg QTY: 75 to Hydrocodone 7.5mg Acetaminophen 325 QTY: 60. The reviewing physician referred to CA MTUS Guidelines and ODG for recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5mg Acetaminophen 325mg QTY: 75.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Hydrocodone 7.5/325 mg #75 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.