

Case Number:	CM14-0208113		
Date Assigned:	12/22/2014	Date of Injury:	11/14/2010
Decision Date:	02/12/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/12/2014

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 Practice and is licensed to practice in Ohio. 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 56-year-old female with a date of injury of November 14, 2010 at which time she had a slip and fall on a wet floor. She sustained injuries to her low back, left arm, left shoulder and wrist. She has been diagnosed with lateral epicondylitis, brachial neuritis, cervical and lumbar radiculitis, rotator cuff tear, and frozen left shoulder. She had a left rotator cuff repair October 3, 2013 and subsequently had manipulation of the left shoulder under general anesthesia for a frozen shoulder. The physical exam reveals diminished cervical range of motion, diminished lumbar range of motion diminished right shoulder range of motion. There is diminished sensation the left C6-C7 dermatome region. She is tenderness to palpation of the lumbar paraspinal muscles and facet regions. There's generalized tenderness of the left shoulder. She has been treated with physical therapy, anti-inflammatories and hydrocodone in varying strengths over the last several months ranging from 2.5 mg to 10 mg up to four times daily. Her pain levels have remained from 9-10/10. At issue is a request for hydrocodone 2.5 mg/acetaminophen 325 mg, #120. The request was previously noncertified because of a lack of documented improvements in functionality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Hydrocodone Bitartate and Acetaminophen 2.5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Patients treated with opioids chronically require assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued when pain and functionality as a consequence of medication and generally should be discontinued when that is not the case. In this instance, the submitted documentation shows no change in overall pain levels and functional status despite treatment with hydrocodone. Consequently, Hydrocodone Bitartate and Acetaminophen 2.5/325mg #120 was not medically necessary retrospective to August 21, 2014.