

Case Number:	CM14-0066385		
Date Assigned:	07/11/2014	Date of Injury:	09/14/2002
Decision Date:	06/09/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 (IW) is a 55 year old female who sustained an industrial injury on 09/04/2014. She reported injury to the cervical spine, right shoulder, right wrist and left wrist. The injured worker was diagnosed as having sprain/strain of shoulder, arm, unspecified; enthesopathy of wrist & carpus; carpal tunnel syndrome. Treatment to date has included right shoulder arthroscopy, and physiotherapy. Currently, the injured worker complains of pain weakness, stiffness, and numbness in the right shoulder, wrists, and neck. The pain was noted to be moderate in intensity. Examination elicited complaint of moderate pain and there was noted to be spasm and decreased range of motion. The Norco was ordered for severe pain. A retrospective request with date of service of 3/31/2014 was made for Hydrocodone/APAP 5/500mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request with date of service of 3/31/2014 for Hydrocodone/APAP 5/500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Retrospective request with date of service of 3/31/2014 for Hydrocodone/APAP 5/500mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement therefore the request for continued is not medically necessary.