

Case Number:	CM14-0098293		
Date Assigned:	07/28/2014	Date of Injury:	08/17/2008
Decision Date:	04/20/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/26/2014

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: California
Certification(s)/Specialty: Emergency 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 57 year old female who sustained an industrial injury on 08/17/2008. She reported pain in the left shoulder/collar bone. The injured worker was diagnosed as having chronic pain, crush injury resulting in left brachial plexopathy, depression, chronic left shoulder pain, lumbago, status-post open reduction internal fixation of left clavicle fracture (08/18/2008) and status post revision hardware removal (02/14/2014). Treatment to date has included psychiatric care for chronic pain, and long-term use of Hydrocodone/APAP 10-325 mg for pain. Currently, the injured worker complains of left shoulder pain rated a 6/10 with numbness and tingling in the left index finger and thumb. She had cortisone shot in early May 2014, and there is discussion of possible left shoulder surgery. She is referred to a neurologist for evaluation of the left upper extremity numbness in the digits. The treatment plan also includes physical therapy and continuation of oral pain medication. A Request for Authorization was made for Hydrocodone/APAP 10/325mg, Qty 60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg, qty 60 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid
Page(s): 76-78.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has failed to document any objective improvement in pain and function as required by MTUS guidelines; long term plan for opioid use. There appears to be urine drug screening but no other documentation of monitoring or assessment for abuse. Norco is not medically necessary.