MAXIMUS Federal Services

Case Number:	CM15-0008470		
Date Assigned:	01/26/2015	Date of Injury:	08/23/2012
Decision Date:	03/20/2015	UR Denial Date:	12/14/2014
Priority:	Standard	Application Received:	01/14/2015

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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female who sustained an industrial related injury on 8/23/12. The injured worker had complaints of right shoulder pain and numbness and tingling in the right hand. Right shoulder stiffness and restricted range of motion was noted. Physical examination findings included the anterior shoulder was tender to palpation. An impingement sign was positive for the right shoulder. Prescriptions included Medrox ointment, Omeprazole, Hydrocodone, and Naproxen. Diagnoses included shoulder impingement and adhesive capsulitis of the shoulder. The treating physician requested authorization for Hydrocodone/APAP 5/325 #60 with 6 refills. On 12/14/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no indication the injured worker had returned to work of had improved functioning. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP (Norco) 5/325 #60, 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.