

Case Number:	CM15-0014890		
Date Assigned:	02/02/2015	Date of Injury:	11/30/2010
Decision Date:	04/07/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/26/2015

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: California, Washington

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

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 34-year-old male who reported an injury on 11/30/2010 due to an unspecified mechanism of injury. On 01/22/2015, he presented for a follow-up evaluation and medication refill. He continued to have complaints of pain in the right shoulder, elbow, and right knee. He stated that his medications allowed him to function and work. A physical examination of the right shoulder showed a well healed arthroscopic portal hole about the right shoulder with range of motion mildly restricted in forward flexion and abduction. Examination of the right elbow showed that the medial aspect of the elbow was tender to palpation and range of motion was restricted in flexion and extension with a positive Tinel's. Examination of the left knee showed joint effusion and joint line tenderness with a positive McMurray's test. He was diagnosed with rotator cuff sprains/strains and ulnar nerve lesions. The treatment plan was for hydrocodone 5/325 mg #90 with 1 refill. The rationale for treatment was to alleviate the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone (Norco 5-325) Tab # 90 Refill: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be performed during opioid therapy. The documentation provided does not state that the injured worker was having a quantitative decrease in pain with the use of his medications. Also, no official urine drug screens or CURES reports were provided for review to validate his compliance with his medication regimen. Furthermore, the frequency of the medication was not stated within the request, and 1 refill of this medication would not be supported without a re-evaluation. Therefore, the request is not supported. As such, the request is not medically necessary.