

Case Number:	CM15-0145525		
Date Assigned:	08/06/2015	Date of Injury:	04/25/2013
Decision Date:	09/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/27/2015

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, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 52 year old female who sustained an industrial/work injury on 4-25-13. She reported an initial complaint of pain in shoulders, wrists, and hands. The injured worker was diagnosed as having left shoulder rotator cuff injury. Treatment to date includes medication, surgery (left shoulder arthroscopic surgery for rotator cuff repair on 4-7-14), and physical therapy. Currently, the injured worker complained of left shoulder pain rated 7 out of 10, cervical pain 5 out of 10, and left wrist pain rated 5 out of 10. Per the primary treating physician's report (PR-2) on 7-7-15, exam noted no signs of infection in left shoulder, left shoulder flexion at 120 degrees, abduction at 120 degrees, tenderness to the cervical spine with flexion at 40 degrees, extension at 35 degrees, left and right rotation at 30 degrees, left and right lateral tilt at 30 degrees. There is left greater than right diminished sensation at C6 and C7. The requested treatments include Hydrocodone 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. The treating provider adequately addressed screening of side effect and risk of abuse. UDS have been appropriate. From my review of the provided medical records there is not a description of quantifiable improvement with ongoing use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Consequently, continued use of short acting opioids is not supported by the medical records and is not medically necessary.