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| Case Number: | CM15-0023264 | | |
| Date Assigned: | 02/12/2015 | Date of Injury: | 07/31/2003 |
| Decision Date: | 04/09/2015 | UR Denial Date: | 01/27/2015 |
| Priority: | Standard | Application Received: | 02/06/2015 |

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:

This 67-year-old male sustained an industrial injury on 7/31/03. He subsequently reports chronic right ankle, bilateral knee and bilateral shoulder pain. Diagnoses include osteoarthritis lower leg, internal derangement of knee, pain in joint shoulder region, pain in joint lower leg, closed anterior dislocation of humerus, coracoclavicular sprain and strain and rotator cuff sprain and strain. On 1/27/15, Utilization Review partially-certified a request for Hydrocodone-apap 10/325mg quantity 90. The Hydrocodone-APAP 10/325mg quantity 90 was modified to Hydrocodone-APAP 10/325mg quantity 60 using MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-apap 10/325mg quantity 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 /Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4As 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.