

Case Number:	CM15-0034578		
Date Assigned:	03/02/2015	Date of Injury:	01/30/2014
Decision Date:	04/08/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/23/2015

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: Massachusetts, New Hampshire, New York
 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 55-year-old male who reported an injury on 01/30/2014. The mechanism of injury was not stated. The current diagnosis is derangement of the right shoulder. The injured worker presented on 02/03/2015, with complaints of persistent pain. Upon examination, there was 30-degree adduction, 90-degree abduction, and 85-degree forward flexion. Recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 02/03/2015, for Hysingla ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Hysingla extended release 30 mg #30 between 2/3/15 and 4/10/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hysingla (hydrocodone), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized hydrocodone since 08/2014. There is no documentation of objective functional improvement. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.