

Case Number:	CM15-0085255		
Date Assigned:	05/08/2015	Date of Injury:	03/18/2013
Decision Date:	06/18/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 48 year old male, who sustained an industrial injury on 03/18/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having rotator cuff tendonitis / bursitis. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging, x-rays, and home exercise program. In a progress note dated 03/31/2015 the treating physician reports complaints of right shoulder pain with difficulty with lifting, pushing, pulling, and motion. The injured worker also has difficulty with gripping, overhead, repetitive, and weighted activity. The injured worker rates the pain an 8 out of 10 but this pain level decreases to a 1 to 2 out of 10 with use of Norco. The progress note lacked specific documentation of any functional improvement with the use of Norco. The treating physician also notes tenderness to palpation on the anterior capsule/cuff and right myofascial tenderness. The physician requested the medication of Hydrocodone 10/325mg (Norco) with a quantity of 60 noting that the injured worker experiences a decreased level of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg (Norco) #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines state that the lowest possible dose should be prescribed to improve pain and function and there should be ongoing review and documentation of pain relief, functional status, appropriate use, and side effects. In this case, although efficacy is documented, there is no indication of functional benefit, and the results of urine drug screens are not reported. The request for hydrocodone 10/325 g #60 is not medically appropriate and necessary.