

Case Number:	CM15-0233555		
Date Assigned:	12/08/2015	Date of Injury:	01/13/2000
Decision Date:	01/21/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/27/2015

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: 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:

The injured worker is a 63 year old female, who sustained an industrial injury on 01-13-2000. A review of the medical records indicates that the worker is undergoing treatment for right shoulder pain. Treatment has included Norco (since at least 08-31-2015), MS Contin, Ibuprofen, Methocarbamol, physical therapy, acupuncture, transcutaneous electrical nerve stimulator unit and surgery. Subjective complaints (08-31-2015) were notable for right shoulder and arm pain rated as 9 out of 10, 5.5 at best and 9 at worst. Duration of pain relief and time it took for pain relief with the use of Norco was not documented. Subjective complaints (09-25-2015 and 10-23-2015) included pain that was rated 7 out of 10 with medications and 9 out of 10 without medications. Objective findings (09-25-2015 and 10-23-2015) included tenderness to palpation of the right shoulder, positive Hawkin's, Yergason's and crossed arm adduction test, weakness in the right shoulder and a slow gait. Medications were note to provide enough pain relief so that the worker could work full time and participate in daily life. Urine drug screens were noted to be consistent with medications prescribed with no aberrant behavior. The treatment plan included continued Norco for breakthrough pain, trial of Robaxin and increased MS Contin. A utilization review dated 11-05-2015 non-certified a request for Hydroco-APAP tab 10-325 mg day supply: 20 qty: 120 refills: 0.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/Apap tab 10-325mg day supply: 20 qty: 120 refills: 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS discusses in detail the 4 A's 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.