

Case Number:	CM15-0039074		
Date Assigned:	03/09/2015	Date of Injury:	10/02/2007
Decision Date:	04/20/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/02/2015

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

Certification(s)/Specialty: Family Practice

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 64 year old male, who sustained an industrial injury on October 2, 2007. He reported emotional distress and shoulder pain. The injured worker was diagnosed as having post-traumatic stress disorder, hip pain, shoulder pain, insomnia, depression, psychosis and anxiety. Treatment to date has included pain management and psychological care. Progress note dated February 3, 2015 the injured worker complains of shoulder and hip pain. Recent imaging of abdomen, lumbar spine, shoulder and hip, medication, and pain management are the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325 mg #56: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should be used and continued if there is documented benefit and improvement of pain , increased level of function, or improved quality of life. According to the patient's medical records there is no documented functional improvement with the use of opioids. This requested treatment is not medically necessary.

Morphine Sulfate CR ER 60 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should be used and continued if there is documented benefit and improvement of pain , increased level of function, or improved quality of life. According to the patient's medical records there is no documented functional improvement with the use of opioids. This requested treatment is not medically necessary.

Quetiapine Fumarate 400 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: According to guidelines, it states continuing an established course of antipsychotics is important, but they can decrease motivation and effectiveness at work. If a referral is made, it is still important to plan how the patient using these drugs will manage at work or return to work even after being referred for specific psychiatric treatment. According to the medical records, there is no documentation of future plan. This requested treatment is not medically necessary.