

Case Number:	CM15-0074627		
Date Assigned:	04/24/2015	Date of Injury:	11/15/2013
Decision Date:	05/27/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	04/20/2015

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, North Carolina
 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 53 year old female, who sustained an industrial injury on 11/15/13. She reported initial complaints of right upper extremity/shoulder. The injured worker was diagnosed as having right shoulder impingement with AC arthrosis; impending adhesive capsulitis; right upper extremity compression neuropathy; disorders of the bursa shoulder region. Treatment to date has included right shoulder joint injection (10/6/14); physical therapy; medications. Diagnostics included MRI right shoulder without contrast (8/19/14). Currently, the PR-2 notes dated 3/5/15 the injured worker complains of right shoulder pain 8/10. The injured worker has been authorized for a right shoulder arthroscopic subacromial decompression. Medications include hydrocodone 7.5mg twice a day to facilitate increase in tolerance to a variety of activities and diminution in pain. Objective findings note tenderness in the right shoulder region with abduction at 90 degrees; forward flexion 90 degrees and positive impingement signs with atrophy of the right deltoid musculature. The provider's has requested medication for 1 prescription of Hydrocodone 7.5mg #60 was modified at Utilization Review to #14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Hydrocodone 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

Decision rationale: The claimant underwent shoulder surgery on xxx and was prescribed post-operative opioids. She completed that course and the request is for additional opioids in the form of hydrocodone 7.5 mg #60. The CA MTUS guidelines (Shoulder Complaints) state that Acetaminophen and NSAIDs are recommended medications for managing shoulder complaints, and a short course (less than 2 weeks) is optional. Use of opioids for more than two weeks is not recommended, therefore this request for long-term opioids is not medically necessary or appropriate.