

Case Number:	CM15-0076526		
Date Assigned:	04/28/2015	Date of Injury:	05/30/2012
Decision Date:	05/26/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/21/2015

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: North Carolina, Georgia
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 56-year-old male, with a reported date of injury of 05/30/2012. The diagnoses include right shoulder glenohumeral osteoarthritis and status post right shoulder arthroplasty. Treatments to date have included oral medications, and an x-ray of the right shoulder. The medical report dated 03/25/2015 indicates that the injured worker complained of right shoulder pain, after falling on his previously replaced right shoulder. The pain was severe and worse on movement. The objective findings for the arm/shoulder include full range of motion, no deformity, intact neurovascular, no compartment syndrome, limited range of motion, tenderness, and no bruising noted. A right arm sling was placed. The treating physician requested hydrocodone-acetaminophen 10/325mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg Qty: 20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. On 2/27/15 [REDACTED] prescribed hydrocodone/APAP 10/325 # 80 with the notation that these should last 6 weeks. The current request is for hydrocodone/APAP 10/325 # 20 by [REDACTED] on 3/26/15. This request is made sooner than the 6 weeks that [REDACTED] indicated the initial prescription was expected to last and there is no justification for an early refill. Therefore, the record does not support medical necessity of ongoing opioid therapy with hydrocodone-acetaminophen 10/325 #20.