

Case Number:	CM13-0025496		
Date Assigned:	01/15/2014	Date of Injury:	10/05/2001
Decision Date:	05/23/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/16/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54-year-old male with a 10/5/01 date of injury. He is status post right carpal tunnel release and right cubital tunnel release as of 7/23/02, and status post left carpal tunnel release and left cubital tunnel release as of 5/21/02. His subjective complaints include persistent depression due to pain, and persistent back pain with radiation to the calves rated at 6-7/10 without medications and 2/10 with medications. Objective findings include decreased range of motion, spasm, slightly depressed mood and affect, positive straight leg raise bilaterally, soft tissue swelling around the right elbow, tenderness, positive Spurling's, and positive impingement at the bilateral shoulders. His current diagnoses include overuse syndrome of both upper extremities, status post right carpal tunnel release and right cubital tunnel release as of 7/23/02, status post left carpal tunnel release and left cubital tunnel release 5/21/02; aggravation of bilateral shoulder strain, cervical strain, and lumbar radiculopathy. Treatment to date has been medications, including ongoing Lortab use, with reported reduction in pain and increased activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 LORTAB 10/500MG, 1 TWICE A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Title 8, California Code of Regulations, section 9792.20 Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be recommended with documentation that the prescriptions are from a single practitioner and are taken as directed, that the lowest possible dose is being prescribed, and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of overuse syndrome of both upper extremities, status post right carpal tunnel release and right cubital tunnel release as of 7/23/02, status post left carpal tunnel release and left cubital tunnel release and 5/21/02, aggravation of bilateral shoulder strain, cervical strain, and lumbar radiculopathy. In addition, there is documentation of ongoing Lortab use with reported reduction in pain and increased activity of daily living. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed, and that the lowest possible dose is being prescribed. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.