

Case Number:	CM13-0034043		
Date Assigned:	12/11/2013	Date of Injury:	03/10/2008
Decision Date:	04/24/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Surgery, 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 Physician 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:

This is a 39-year-old individual who injured his left upper extremity while stacking bags repeatedly in a work-related accident on 3/10/08. The injury was attributed to cumulative trauma. The claimant was diagnosed with lateral epicondylitis. He underwent a 2009 epicondylectomy to the left upper extremity followed by a contralateral right extensor origin epicondylectomy in February 2010. A physical assessment dated 11/4/13 by [REDACTED] documented a diagnosis of bilateral elbow lateral epicondylitis status post release procedures with right greater than left radial nerve "overuse syndrome." Physical examination findings on that date showed tenderness of the elbows with healed surgical incisions and 0-135 degrees range of motion and no evidence of instability. There was noted to be diminished sensation of the dorsal forearm and hand bilaterally. Recommendation was for continuation of medications of Norco, LidoPro Cream, appropriate work restrictions and re-evaluation in twelve weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 5/325 MG, #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Opioids, Criteria for Use, Hydrocodone Page(s).

Decision rationale: Based on the MTUS Chronic Pain Guidelines, continued use of short acting narcotic analgesics in this case would not be indicated. The time to discontinue opioids includes failure to document or demonstrate overall improvement in function in less extenuating circumstances. The employee's current clinical picture--that of chronic lateral epicondylitis--with no documentation of benefit from usage of medications or documentation of other forms of medication use would not support a continued role of narcotic analgesics in this case. Given the employee's current chronic clinical picture with lack of documentation of benefit with Hydrocodone, the specific request would not be supported as medically necessary.