MAXIMUS Federal Services

Case Number:	CM13-0035645		
Date Assigned:	12/13/2013	Date of Injury:	04/14/2010
Decision Date:	02/25/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas and Mississippi. 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:

The patient is a 43-year-old female who reported a work-related injury on 04/14/2010, specific mechanism of injury not stated. The patient presented for treatment of the following diagnoses: moderate left ulnar neuropathy due to entrapment at the left elbow, CRPS type I at the lateral elbow and lateral forearm, status post carpal tunnel release, status post left cubital tunnel release, status post left ulnar transposition and left shoulder sprain. The clinical note dated 09/24/2013 reported that the patient was seen under the care of [redacted]. The clinical note documented that upon physical exam of the patient's cervical spine, range of motion was noted to be at 50 degrees of flexion and 40 degrees of extension with bilateral lateral bending at 30 degrees. Range of motion of the bilateral elbows was as follows: 0 degrees of extension, flexion at 140 degrees on the right and 0 on the left, pronation at 80 degrees on the right and 50 degrees on the left and supination at 80 degrees on the right and 30 degrees on the left. There was marked sensitivity to the left elbow upon touch. The provider documented decreased motor strength to the left hand at 4/5 and to the right at 5/5. The provider documented that the patient was instructed to continue the following medication regimen for the next 8 weeks: Remeron 15 mg 2 by mouth at bedtime, Topiramate 50 mg 1 tab by mouth 3 times a day and Hydrocodone/APAP 10/325 mg 1 tab by mouth every 6 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-APAP 10/325: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The Physician Reviewer's decision rationale: The current request is not supported. The California MTUS indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 Aâ¿²s' (analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The clinical documentation submitted for review failed to evidence the medical necessity for the chronic use of Norco 10/235 for the patient's presenting diagnoses. The clinical notes did not indicate the patient's reports of efficacy with her medication regimen as noted by a decrease in rate of pain on the VAS or an increase in objective functionality upon exam. Given all of the above, the request for hydrocodone/APAP 10/325 mg 1 tab by mouth every 6 hours is not medically necessary or appropriate.