

Case Number:	CM13-0046867		
Date Assigned:	12/27/2013	Date of Injury:	12/07/2010
Decision Date:	03/27/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 35-year-old male who reported an injury on 12/07/2010 due to cumulative trauma while performing normal job duties. The patient's most recent clinical evaluation documented that the patient had increased pain of the left wrist that was exacerbated by repetitive motions. Physical findings included a positive Tinel's test bilaterally and a positive Phalen's test bilaterally. The patient's medications included naproxen and tramadol. The patient's diagnosis included carpal tunnel syndrome. A request was made for hydrocodone 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The requested Hydrocodone 10/325 is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends initiation of opioid therapy after the patient's pain has failed to be resolved by first line treatments. The

clinical documentation submitted for review does indicate that the patient is taking naproxen and tramadol. However, the effectiveness of these medications is not determined within the submitted documentation. Additionally, the California Medical Treatment and Utilization Schedule recommends a urine drug screen prior to the initiation of an opioid. The clinical documentation submitted for review does not provide any evidence that the patient has submitted to a urine drug screen. As such, the requested HYDROCODONE 10/325 is not medically necessary or appropriate.