

Case Number:	CM13-0050133		
Date Assigned:	12/27/2013	Date of Injury:	07/01/2011
Decision Date:	03/06/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/11/2013

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 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:

The patient is a 59-year-old female who reported an injury on 07/01/2011. The patient is diagnosed with rule out complex regional pain syndrome in the left upper extremity, left elbow pain, left hand pain, chronic pain, status post left hand 4th digit crush injury, and status post left elbow surgery. The patient was seen by [REDACTED] on 10/22/2013. The patient reported ongoing left upper extremity pain. Physical examination revealed tenderness to palpation, mild swelling noted in the left elbow and hand, 4th digit hypersensitivity, positive allodynia, decreased sensation in the left upper extremity, hypersensitivity, discoloration, and temperature changes with decreased strength. Treatment recommendations included EMG/NCV studies and continuation of current medications including hydrocodone and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/500mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent left upper extremity pain. There is no change in the patient's physical examination that would indicate functional improvement. It is noted that this medication has been discontinued for this patient on 2 separate occasions in the past. Based on the clinical information received, ongoing use of this medication cannot be determined as medically appropriate. Therefore, the request is not medically necessary and appropriate.