

Case Number:	CM13-0051520		
Date Assigned:	01/03/2014	Date of Injury:	02/13/2013
Decision Date:	04/15/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 applicant is a represented [REDACTED] employee who has filed a claim for reflex sympathetic dystrophy of the upper extremities reportedly associated with an industrial injury of February 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; carpal tunnel release surgery, and ulnar nerve transposition surgery earlier in 2013; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of cognitive behavioral therapy; and extensive periods of time off of work. On October 25, 2013, the applicant was described as depressed, unable to play with her children, and unable to perform job duties with persistent complaints of 8/10 pain despite ongoing usage of Vicodin. It did not appear that the applicant was working. On November 27, 2013, the attending provider did seek authorization for biofeedback therapy, noting that the applicant had psychological barriers to recovery. December 10, 2013 progress note is notable for comments that the applicant is on Cymbalta, Vicodin, and Neurontin for pain relief. The applicant has numbness, tingling, and paresthesias about the right upper extremity. The applicant appears depressed. The applicant does have a normal gait. Upper extremity strength is diminished at 4+/5. There is altered sensorium noted about the same. The applicant is given a diagnosis of reflex sympathetic dystrophy. A rather proscriptive 10-pound lifting limitation and 10 sessions of acupuncture were seemingly endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE AND ACETAMINOPHEN #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ONGOING MANAGEMENT OF OPIOIDS TOPIC, WHEN TO CONTINUE OPIOIDS
Page(s): 78, 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of opioid therapy. In this case, however, it does not appear that the applicant meets these criteria. The applicant has failed to return to work. The applicant seemingly reports heightened complaints on each visit. The applicant's complaints of right upper extremity pain are magnified despite ongoing opioid therapy. Continuing Vicodin is not indicated in this context, particularly as the applicant is having difficulty performing even basic activities of daily living, such as playing with her children. It is further noted that the attending provider has not clearly stated why the applicant needs to use both tramadol and Vicodin. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, continuing Vicodin is not indicated, for all of the stated reasons. Therefore, the request is not certified, on independent medical review.