

Case Number:	CM13-0063449		
Date Assigned:	12/30/2013	Date of Injury:	07/01/2011
Decision Date:	05/20/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/10/2013

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 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 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 chronic upper extremity, left shoulder, wrist, and fourth digit pain reportedly associated with an industrial injury of July 1, 2011. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, stellate ganglion blocks, an earlier elbow surgery and opioid therapy. In a utilization review report of December 5, 2013, the claims administrator apparently denied a request for Norco while approving a request for Enalapril. The applicant's attorney subsequently appealed. In a January 9, 2014 progress note, the attending provider writes that the applicant has considerable persistent pain with negative impacts on her function and should therefore continue opioid therapy with Vicodin. An October 22, 2013 progress note was notable for comments that the applicant has persistent pain complaints and has deficits in terms of physical activity, hand function, and sleep. The applicant is off of work, on total temporary disability, it was stated. Tenderness, swelling, and hypersensitivity were noted about the injured hand. The applicant was placed off of work and given a refill of Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 5/550MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 80.

Decision rationale: Hydrocodone is an opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, these criteria have not been met. The applicant is off of work, on total temporary disability. The applicant has ongoing pain complaints, seemingly unabated by opioid therapy with Vicodin. The applicant's ability to perform even basic activities of daily living, including hand function, sleep, etc., are reportedly limited. All of the above, taken together, suggest that criteria for continuation of opioid therapy have not seemingly been met. Therefore, the request is not medically necessary.