

Case Number:	CM13-0069223		
Date Assigned:	06/11/2014	Date of Injury:	02/01/2013
Decision Date:	11/26/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 57 year old male with an injury date of 02/01/13. Based on the 11/05/13 progress report provided by [REDACTED] the patient complains of pain in bilateral wrists and hands rated 5-6/10, low back pain rated 5-6/10 without medications, and pain and numbness in the left leg. Physical examination revealed diffuse tenderness to the bilateral wrists upon palpation and decreased ulnar deviation of 20 degrees. Examination to the lumbar spine revealed multiple myofascial trigger points and decreased range of motion, especially on extension 20 degrees. Patient is released to return to work on modified duties. Progress report dated 11/05/13 states that Naproxen and Hydrocodone were dispensed. With regards to Hydrocodone, it is anticipated that the patient will have greater than 50% relief of pain; his ability to function will be significantly improved, as he'll be able to perform activities of living 50% of the time; there is no documented abuse, diversion, hoarding, and no evidence of illicit drug use; and urine drug screen is done on a periodic basis to monitor compliance with treatment regimen. Ibuprofen and Vicodin were included in patient's prescription, per progress report dated 05/15/13 by [REDACTED].

Diagnosis 11/05/13- chronic myofascial pain syndrome, cervical and thoracolumbar spine- bilateral chronic tenosynovitis of bilateral wrists- pain, numbness and weakness of bilateral hands due to cervical radiculopathy versus nerve entrapment- pain and numbness of the left leg with abnormal neurological examination, most likely due to lumbosacral radiculopathy. The utilization review determination being challenged is dated 11/21/13. The rationale follows: 1) Hydrocodone/ APAP 2.5/325mg 1 Tab PO QHS #120: "partially certified" 2) Naproxen 550mg 1 Tab PO Q8HR #90: "the request is reasonable..." [REDACTED] is the requesting provider, and he provided treatment reports from 05/15/13 - 11/05/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/ APAP 2.5/325mg 1 tab po qhs #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88, 89, 78.

Decision rationale: The patient presents with pain in bilateral wrists and hands rated 5-6/10, low back pain rated 5-6/10 without medications, and pain and numbness in the left leg. The request is for Hydrocodone/ APAP 2.5/325mg 1 Tab PO QHS #120. His diagnosis dated 11/05/13 includes chronic myofascial pain syndrome, cervical and thoracolumbar spine and bilateral chronic tenosynovitis of bilateral wrists. With regards to Hydrocodone, treating physician states it is anticipated that the patient will have greater than 50% relief of pain; his ability to function will be significantly improved, as he'll be able to perform activities of living 50% of the time; there is no documented abuse, diversion, hoarding, and no evidence of illicit drug use; and urine drug screen is done on a periodic basis to monitor compliance with treatment regimen. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Vicodin was included in patient's prescription, per progress report dated 05/15/13 by [REDACTED]. It appears that treating physician is switching Vicodin and initiating Hydrocodone, per progress report dated 11/05/13. Treating physician used numerical scales for expected functional improvement and addressed the 4As in his treatment plan tailored to the patient. The request is not medically necessary.