

Case Number:	CM14-0000895		
Date Assigned:	01/22/2014	Date of Injury:	08/03/2007
Decision Date:	04/30/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/02/2014

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 56-year-old female with a date of injury of 08/03/2007. The listed diagnoses per [REDACTED] are Carpal tunnel syndrome, and joint pain in the hand. According to report dated 09/18/2013 by [REDACTED], the patient remains symptomatic and continues with a complex chronic pain syndrome. The patient presents for followup with increased bilateral arm pain and decreased bilateral wrist pain. The patient states her left wrist pain is worse today and notes she has trouble with all ADLs and feels depressed because "she is no longer independent." The patient reports increased 6/10 pain in the bilateral arms and reports a decreased pain of 4/10 in the wrist. The patient's current medication includes Nucynta ER 100 mg, Norco 10/325 mg, Voltaren 1%, Lexapro 10 mg, Neurontin 600 mg, Flexeril 5 mg, potassium bicarbonate 20 mg Eq, and Maxzide 20 mg. The treater states the patient has participated in multiple sessions of physical therapy and has shown only mild functional improvement. The treater recommends patient goes through a more comprehensive interdisciplinary evaluation. He is also requesting a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE WITH APAP 10/325MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Criteria for use of Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain and Criteria For Use Of Opioids Page(s): 80-81; 88-89.

Decision rationale: This patient presents with complex chronic pain syndrome. The treater is requesting a refill of Hydrocodone 10/325mg #90. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) are required. The medical file provided for review has a gap in progress reports. There is a comprehensive AME report from 06/09/2011 that does not discuss the prescription Hydrocodone. Then provided is a progress report dated 09/18/2013 that requests a refill. This report provides no documentation of the efficacy of this medication. A numerical scale is used to measure the wrist and arm pain; however, there are no numerical scales indicating any pain relief or functional changes as required by MTUS. Given the lack of sufficient documentation demonstrating efficacy from chronic opiates use, the patient should be slowly weaned as outlined in MTUS guidelines. Recommendation is for denial.