

Case Number:	CM14-0003883		
Date Assigned:	01/31/2014	Date of Injury:	06/17/2011
Decision Date:	10/30/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/09/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 36-year-old male with a reported date of injury on 06/17/2011. The mechanism of injury was not listed in the records. The injured worker's diagnoses included left elbow contusion and bilateral mild carpal tunnel syndrome. The past treatments included pain medication, physical therapy, and surgical intervention. There were no relevant diagnostic imaging studies submitted for review. The injured worker's surgical history included left common extensor tendon release surgery on 06/21/2013. Subjective complaints on 09/18/2013 included left elbow pain. The physical examination findings noted were left elbow tender to palpation. The injured worker was also noted to have a positive Tinel's in the medial elbow on the left. Lateral laxity was noted. The injured worker's medications included omeprazole, Medrox, Norco, and ketoprofen. The records indicate that the injured worker has been on hydrocodone since at least 06/17/2013. The treatment plan is to continue and refill the medications and to continue with physical therapy. A request was received for hydrocodone 10/325 mg #60. The rationale for the request was to decrease the injured worker's pain. The Request for Authorization form was dated on 09/18.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for hydrocodone 10/325mg #60 is not medically necessary. The California MTUS Guidelines state that 4 domains have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, psychosocial functioning, and the occurrence of any aberrant drug related behaviors. The injured worker has chronic pain. The notes indicate that the injured worker has been on Norco since at least 06/17/2013. There was not adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, psychosocial functioning, or aberrant behavior. Furthermore, there is no drug screen submitted to assess for aberrant behavior. Additionally, the request as submitted did not provide a medication frequency. As adequate documentation was not submitted of quantified numerical pain relief, side effects, psychosocial functioning, and aberrant behavior, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.