

Case Number:	CM14-0105702		
Date Assigned:	09/16/2014	Date of Injury:	11/22/2010
Decision Date:	10/15/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/08/2014

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 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:

This is a 60-year-old female with a 11/22/10 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/8/14, the patient complained of right wrist and right elbow pain. She had surgery of the right carpal tunnel release a month ago and also cubital tunnel release on the right side. Objective findings: tenderness positive at trapezius, intermuscular area, and rhomboids; slightly restricted ROM of cervical spine, tenderness on right lateral epicondyle, tenderness noted on bilateral wrists, restricted ROM of bilateral wrists. Diagnostic impression: cervical sprain, status post right shoulder surgery, bilateral shoulder sprain, bilateral carpal tunnel syndrome, bilateral lateral epicondylitis. Treatment to date: medication management, activity modification, physical therapy, chiropractic care, home exercise program, surgery. A UR decision dated 6/13/14 denied the requests for Hydrocodone and Motrin. Regarding Motrin, the patient has been on long term NSAID without any documentation of significant derived benefit through prior long term use. Regarding Hydrocodone, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was prescribed and there would be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lort.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Hydrocodone 25mg #60 was not medically necessary.

Motrin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects; SSRIs (selective ser.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the reports reviewed, there is no documentation of significant pain relief or functional gains from the use of this NSAID. Guidelines do not support the ongoing use of NSAID medications without documentation of functional improvement. Therefore, the request for Motrin 600mg #60 was not medically necessary.