

Case Number:	CM14-0011775		
Date Assigned:	02/26/2014	Date of Injury:	02/27/2013
Decision Date:	07/24/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/29/2014

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 32-year-old male with a 2/27/13 date of injury. The patient caught his glove on a drill causing injury to his right pinky finger. On 1/6/14 the patient rates his 5th digit pain as a 3/10. Objective findings show decreased ROM with decreased flexion/extension of the 5th digit. He is currently on modified work. An office from 11/1/13, 10/8/13, 9/4/13, 8/1/13 were also reviewed. Diagnostic impression: dislocated right 5th digit with possible ruptured tendon. Treatment to date: medication management, activity modification, surgery. A UR decision dated 1/15/14 denied the request for hydrocodone because medical necessity has not been established. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 2.5 MG/325 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section 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. However, the physician failed to provide any documentation about Hydrocodone, including functional gains. In the records provided, hydrocodone was not mentioned. Therefore, the request for Hydrocodone 2.5 mg/325 mg #30 was not medically necessary.