

Case Number:	CM14-0132110		
Date Assigned:	08/22/2014	Date of Injury:	09/10/2010
Decision Date:	09/26/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/18/2014

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 54-year-old male with an injury date of 09/10/2010. Based on the 01/21/2014 progress report, the patient comes in for a followup of multiple injuries. He has pain and stiffness in his upper back and pain in his left arm. The patient has tenderness and mild spasm to the paracervical musculature as well as restriction with right lateral rotation. He has tenderness through the upper trapezial musculature bilaterally and a limited range of motion for the right shoulder. In regards to the left upper extremity, he has tenderness along the radial aspect of the forearm proximally in addition to the tenderness to the lateral epicondylar region. The patient's diagnoses include the following: 1. Status post right carpal tunnel release performed 05/25/2011, for right carpal tunnel syndrome. 2. Status post left lateral epicondylectomy and extensor carpi radialis brevis tendon release, performed 04/18/2011, for lateral epicondylitis. 3. Flexor tenosynovitis, right thumb. 4. Right-sided radiculopathy with right C5-C6 degenerative disk disease of the cervical spine. The utilization review determination being challenged is dated 07/16/2014. There was 1 treatment report provided from 01/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 5/325mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for use of opioids Page(s): 60,61.

Decision rationale: Based on the 01/21/2014 progress report, the patient complains of having upper back pain and left arm pain. The request is for hydrocodone/acetaminophen 5/325 mg #40. It is unknown when the patient began taking hydrocodone/acetaminophen or how long they have been taking this for. MTUS Guidelines pages 88 and 89 states, "patient 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. In the 1 progress report provided, there was no discussion provided as to how hydrocodone/acetaminophen has impacted the patient's function. There is no discussion provided on ADLs, adverse side effects, adverse behavior, nor are there any pain scales provided. As such, the request is not medically necessary.