

Case Number:	CM14-0133160		
Date Assigned:	08/22/2014	Date of Injury:	10/20/2011
Decision Date:	10/17/2014	UR Denial Date:	07/30/2014
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 & Rehabilitation, has a subspecialty in Pain Management 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 injured worker is a 50-year-old male who reported an injury on 10/20/2011. The mechanism of injury was not provided. The injured worker's diagnoses included cervical spine herniated nucleus pulposus, left wrist carpal tunnel syndrome, right wrist osteoarthritis, left wrist triangular fibrocartilage tear, and left middle finger trigger finger. The injured worker's past treatments included medications and physical therapy. On the clinical note dated 07/21/2014, the injured worker complained of persistent sharp, achy pain in his neck, both wrists, and left middle finger. The injured worker rated his pain 4/10 to 6/10. The injured worker had full range of motion with positive Tinel's and Phalen's signs bilaterally to the wrists. He also had decreased range of motion with pain to the cervical spine. The injured worker's medications included Hydrocodone/APAP 2.5/325 mg 1 tablet 4 times a day, and Cyclobenzaprine 7.5 mg 1 tablet up to 3 times a day as needed. The request was for Hydrocodone/APAP 2.5/325 mg #120. The rationale for the request was to reduce pain and increase activities of daily living for the cervical spine. The Request for Authorization was submitted for review on 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 2.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The request for Hydrocodone/APAP 2.5/325 mg #120 is not medically necessary. The injured worker is diagnosed with cervical spine HNP, left wrist CTS, right wrist osteoarthritis, left wrist triangular fibrocartilage tear, and left middle finger trigger finger. The injured worker complains of pain to the neck, wrists, and left middle finger rated 4/10 to 6/10. The California MTUS Guidelines recommend ongoing review of medications with documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend opioids for chronic back pain, but limited for short term pain relief not greater than 16 weeks. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There was documentation of urinary drug test on 06/16/2014 that was concurrent with medication regimen. There was a lack of documentation of the side effects of the medication. There was a lack of documentation that indicates the injured worker has decreased functional deficits or significant objective and functional improvement with the medication. Additionally, the request does not indicate the frequency of the medication. As such, the request for Hydrocodone/APAP 2.5/325 mg #120 is not medically necessary.