

Case Number:	CM14-0167563		
Date Assigned:	10/14/2014	Date of Injury:	08/19/2013
Decision Date:	11/17/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/10/2014

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 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 37year old male with an injury date on 08/19/13. Based on the 09/11/14 progress report provided by [REDACTED] the patient complains of right index finger pain rated at 4/10. Exam findings show patient has radiating pain up to his forearm and above elbow. Numbness, significant pain, and hypersensitive to touch his finger is noted. There were no other significant findings noted on this report. His diagnose is (1) right index laceration that remains symptomatic. [REDACTED] is requesting for the followings:1. Hydrocodone/APAP7.5/325 mg, #90.2. Upper extremity specialist consultation from MPN list.3. Follow up visit in 6 weeks.The utilization review denied the request on 09/11/14. [REDACTED] is the requesting provider, and he provided treatment reports from 08/26/13 to 09/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 7.5/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of opioids Page(s): 60, 61; 76-78, 88, 89.

Decision rationale: According to the 09/11/14 report by [REDACTED], this patient presents with right index finger pain with the rate at a 4/10. The treater is requesting Hydrocodone/ APAP 7.5/325 mg, #90. Norco was mentioned in this report and it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain 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 aberrant 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. Review of reports shows numerical scale to assessing the patient's pain levels but no assessment of the patient's average pain, with and without medication. Some ADL's and functional improvement specific to the opiate use are discussed. Treater states patient gets "good relief" with Norco 7.5/325 mg. However, no specific ADL's, return to work status are discussed. No aberrant drug seeking behavior such as urine toxicology and other documentations are provided either as required by MTUS. Given the lack of sufficient documentation demonstrating efficacy, the patient should now be slowly weaned off per MTUS. Recommendation is for denial.

Upper extremity specialist consultation from MPN list: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, pg. 127 upper extremity specialist consultation

Decision rationale: According to the 09/11/14 report by [REDACTED], this patient presents with right index finger. There is numbness, significant pain, and hypersensitive to touch his finger. Treater is requesting an upper extremity specialist consultation from MPN list. For consultation, ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Review of records do not reference conservative treatments but the injury is from a year ago. Referral to a specialist would appear reasonable. Recommendation is for authorization.

Follow-up visit in 6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127 under consult

Decision rationale: According to the 09/11/14 report by [REDACTED], this patient presents with right index finger. The treater is requesting for upper extremity consultation follow up visit in 6 weeks. ACOEM guidelines support office visits so that the treater can treat the patient. MTUS page 8 supports office visits for monitoring of the patient. It is not known why this request was denied. Recommendation is for authorization.