

Case Number:	CM14-0038908		
Date Assigned:	06/27/2014	Date of Injury:	09/10/2008
Decision Date:	08/15/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/02/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 40 year old female who sustained injury on 09/10/08 when she sustained a laceration to the left hand. The injured worker required extensive extensor tendon repair to the left index and long fingers. The injured worker was then sent for post-operative physical therapy. The injured worker was followed for ongoing complaints of pain in the left hand. There appeared to be concerns for possible development of Reflex Sympathetic Dystrophy (RSD) in the left upper extremity. The injured worker received individual psychotherapy for an extended period of time through 2012. Medication use included ibuprofen and Trazadone for sleep. The injured worker was also utilizing Lidoderm patches for the left upper extremity at night. Clinical records from 01/09/14 noted that the pain was still present in the left upper extremity encompassing the left shoulder and entire left arm. The injured worker described extreme weakness in the left hand with limited grip strength. Physical examination noted intact range of motion in the left shoulder. There was negative impingement signs. Full range of motion of the left elbow was also noted. There was negative Tinel and Phalen signs. There was tightness in the skin of the left hand with diffuse tenderness to palpation at the extensor surface of the hand and wrist. The injured worker was recommended to continue with Trazadone 50mg daily. Follow up on 02/13/14 noted the injured worker had increasing pain in left upper extremity at the wrist and elbow between 9-10/10 on the visual analogue scale (VAS). Trazadone was refilled at this visit. The injured worker was prescribed Hydrocodone 5/325mg 30 to address the severe pain. The requested Hydrocodone 5/325mg #30 and Trazadone 50mg #30 were denied by utilization review on 03/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325 MG One Orally Every DayQuantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: Based on clinical documentation submitted for review and current evidence based guidelines, this request is warranted. The injured worker had steadily increasing left upper extremity pain through 02/14. Given the evidence of severe pain, rated at almost 10/10 on the last clinical record for the injured worker the request is medically necessary.

Trazadone 50 MG One Orally At Bed TimeQuantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment.

Decision rationale: There is no indication that Trazadone was effective for the injured worker as poor sleep was continually reported through 02/14. Given the lack of any clinical efficacy of Trazadone for sleep, the request is not medically necessary.