

Case Number:	CM14-0045321		
Date Assigned:	07/02/2014	Date of Injury:	07/06/2001
Decision Date:	08/21/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/01/2014

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 64-year-old male with a date of injury of 7/6/01. The mechanism of injury was not noted. On 1/31/14 and 3/14/14, he complained of right shoulder pain, spasm and cramping in his left upper extremity with numbness, tingling, and pain radiating to both hands. Objective findings on both dates were similar. There was restricted motion and tenderness to palpation noted in the right shoulder, left elbow and left wrist. There were only 2 progress notes available to review and the UR notes. According to the UR notes, there were 2 urine drug screens noted, both were inconsistent with the medications prescribed. The diagnostic impression is carpal tunnel syndrome of the left wrist, cubital tunnel syndrome of the left elbow, left elbow s/p cubital tunnel release, and right shoulder impingement syndrome, s/p decompression. Treatment to date include: surgery, TENS unit, and medication management. A UR decision dated 3/4/14, denied the request for Hydrocodone/APAP 7.5mg/325 #120. The Hydrocodone/APAP 7.5mg/325mg was denied because the patient's most recent office note failed to provide details regarding the patient's pain level with and without medication, and his functional status with the use of the medication. In addition, the patient's urine drug screen results were negative for Hydrocodone, and the documentation failed to address his inconsistent urine drug screens. In the absence of the documentation required by MTUS for the ongoing use of opioid medications, the request is not supported and therefore, not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP 7.5mg/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, there is no documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of the lack of adverse side effects or aberrant behavior. There is no documentation of a CURES Report or an opiate pain contract. In addition, the results of the urine drug screens (at least 2), in the UR notes were inconsistent with the prescribed medications, and were not positive for Hydrocodone. Therefore, the request for Hydrocodone/APAP 7.5mg/325mg #120 is not medically necessary.