

Case Number:	CM14-0054192		
Date Assigned:	07/09/2014	Date of Injury:	06/03/2011
Decision Date:	08/07/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/23/2014

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 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:

This is a male patient with the date of injury of June 3, 2011. A Utilization Review was performed on March 19, 2014 and recommended partial certification of Hydroco/APAP tab 10-325mg, days Supply: 30, Quantity: 30, Units/Days Authorized: 1. A Follow-Up Report dated March 17, 2014 identifies Interim History of severe pain in the left supraclavicular area that radiates into the left hand in the ulnar distribution and has been associated with weakness and numbness sensation of the left hand. Elevation of the left arm will cause increased weakness and numbness sensation and shaking of the left hand. Physical Examination identifies 4/5 strength of the left finger flexors and intrinsic muscles of the left hand. There is sensory loss in the first, fourth, and the fifth fingers of the left hand. Severe muscle spasm in the left trapezius muscle and positive Tinel sign in the region of the left brachial plexus. The Adson and Roos testing including the brachial plexus stress testing were positive on the left side and elevation of the left arm will cause shaking of the left hand. Diagnoses identify left thoracic outlet syndrome. Discussion/Recommendations identifies diagnostic injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/ APAP 10/325mg day supply 30 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 76-79, 120 of 127 Page(s): 76-79,120 OF 127.

Decision rationale: Regarding the request for hydrocodone/APAP, California Pain Medical Treatment Guidelines state that hydrocodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the hydrocodone APAP is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested hydrocodone/APAP is not medically necessary.