

Case Number:	CM14-0058957		
Date Assigned:	07/09/2014	Date of Injury:	05/01/2007
Decision Date:	08/28/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/29/2014

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 case is a 54 year old female with a date of injury on 5/1/2007. A review of the medical records indicate the patient undergoing treatment for carpal tunnel syndrome, shoulder/neck pain, and bilateral lateral epicondylitis. Subjective complaints (11/7/2013) include continued pain in bilateral elbows with numbness and tingling to both hands and (1/8/2014) continued numbness in the left hand. Objective findings (1/8/2014) include full range of motion to right hand, wrist, forearm, and elbow with minimal tenderness to palpation over lateral epicondyle region of the right elbow, negative wrist extensor stress test, positive Tinel's test, positive Phalen's test. Treatment has included carpal tunnel release (2009), home exercise program, cortisone injection to elbows (date unknown), physical therapy (unknown number of sessions), hydrocodone, and acupuncture (6+ sessions). A utilization review dated 4/18/2014 non-certified the request for PRESCRIPTION DRUG, GENERIC (HYDROCODONE) FROM 03/04/2014 TO 03/04/2014 due to lack of documenting the "4 A's" per MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION DRUG, GENERIC (HYDROCODONE)RETROSPECTIVE REVIEW FOR DATES OF SERVICE FROM 03/04/2014 TO 03/04/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone Opioids Page(s): 74-95 page 51,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not document any of the following: the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for prescription drug, generic (hydrocodone) retrospective review for dates of service from 03/04/2014 to 03/04/2014 is not medically necessary.