

Case Number:	CM14-0075322		
Date Assigned:	07/16/2014	Date of Injury:	03/07/2013
Decision Date:	08/15/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/23/2014

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 Preventive 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:

According to the records made available for review, this is a 47-year-old male with a 3/7/13 date of injury. At the time (3/11/14) of the request for authorization for Hydrocodone 10/325mg, there is documentation of subjective (functional loss, ongoing discomfort, and pain in the hand, especially on the fourth and fifth digits) and objective (he is unable to essentially make a fist, significant lag on the fourth and fifth digits on the left hand, the fourth and fifth digits lack range of motion at the DIP and PIP, the fifth has no ability to flex at the DIP joint as well, sensory abnormalities are noted along the third and fourth digits and extend to the palmar surface of the dorsal portion of the forearm as well as on the left side, he is a little bit tender at the elbow at the origin of the extensor tendons for the wrist) findings, current diagnoses (status post traumatic injury of the left hand suffering crush injuries to the third, fourth, and fifth digits of the left hand), and treatment to date (medication including ongoing use of opioids).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical records provided for review, there is documentation of diagnoses of status post traumatic injury of the left hand suffering crush injuries to the third, fourth, and fifth digits of the left hand. In addition, there is documentation of an ongoing use of opioids. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing use of opioids, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Hydrocodone. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.