

Case Number:	CM14-0076147		
Date Assigned:	07/16/2014	Date of Injury:	10/20/2011
Decision Date:	09/24/2014	UR Denial Date:	05/14/2014
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 Internal Medicine and Pulmonary Diseases and is licensed to practice in California, Florida and New York. 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 50 year-old male who reported a work related injury on 10/20/2011. However, the mechanism of injury was not provided for review within the documentation. The diagnoses consist of cervical spine herniated nucleus pulposus, left wrist carpal tunnel syndrome, right wrist osteoarthritis, left wrist triangular fibrocartilage tear, and left middle finger trigger finger. The injured worker's past treatments have included medication. The diagnostic testing consisted of an MRI on the left wrist which reveal triangular fibrocartilage complex tear and osteoarthritis in the wrist with effusion, another MRI revealed multilevel degenerative central stenosis and multi-level disc protrusion, and an electro-diagnostic study which showed evidence of chronic C6-C7 radiculopathy, which is greater on the left. Upon examination on 07/21/2014 subjective complaints included a persistent sharp, achy pain in his neck, both wrist, and left middle finger. The pain is aggravated by activities of daily living. On a VAS pain scale the injured worker rated his pain as a 6 to his neck, a wrist as a 4 to 6 without medication. With medication his neck pain is reduced to a 6 and his wrist is reduced to a 3. The objective findings were cervical spine tenderness with palpation with muscular spasms over the paraspinal musculature, as well as decreased range of motion with pain included. The cervical compression test was positive bilaterally. The medications include hydrocodone/APAP and cyclobenzaprine. The rationale for this treatment plan and to provide pain relief and improve ADLs. The request for authorization form was submitted on 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 7.5-650mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Opioids for chronic pain; Opioids for neuropathic pain; Opioids, specific drug list; Hydrocodone/Acetaminophen Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Hydrocodone/APAP 7.5-650mg #90 is not medically necessary. The California MTUS recommends ongoing management of opioid use such as a review and documentation of pain relief, functional status, appropriate medication use, and side effects. The 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. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Although the injured worker has well documented pain relief and evidence of consistent findings on a urine drug screen, there was no documentation regarding functional improvement or adverse side effects with use of this medication. Therefore, the request for Hydrocodone/APAP 7.5-650mg #90 is not medically necessary.