

Case Number:	CM14-0076731		
Date Assigned:	07/18/2014	Date of Injury:	09/24/2012
Decision Date:	09/24/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/27/2014

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:

The patient is a 50 year-old male with date of injury 09/24/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/18/2014, lists subjective complaints as pain in the right wrist. Objective findings include: Examination of the right wrist revealed the patient couldn't extend or flex his wrist due to prior surgery. Patient had discoloration of the right wrist. Strength was 4+/5 for bilateral upper extremities. Diagnoses include possible complex regional pain syndrome (CRPS), right upper extremity; chronic pain syndrome; status post right elbow surgery; status post right wrist surgery; and status post right third phalanx surgery. The medical records supplied for review document that the patient has been taking Hydrocodone/APAP 5/325mg, Lidopro Topical Ointment 4ozDocuprene 100mg, #60 for at least 8 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 5/325MG 1 PO BID PRN COUNT #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. As such, the request is not medically necessary.