

Case Number:	CM14-0079166		
Date Assigned:	07/18/2014	Date of Injury:	02/25/2008
Decision Date:	10/31/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/29/2014

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 Internal 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 injured worker is a 52 year who was reportedly injured February 25, 2008. The mechanism is not known. On March 19, 2014, the orthopedist documents diagnoses of cervical radiculopathy, and left knee patella tendinitis. Subjective findings are neck pain and left knee pain. Objective findings were unchanged. November 13, 2013 reports shows diagnoses of cubital tunnel/carpal tunnel syndrome on the right, C5, C6, and C7 radiculopathy, left knee patellar tendinitis and chondromalacia. The patient had multiple complaints including continued neck pain and stiffness with radicular symptoms in the right hand and left hand. According to the patient, he was being referred to a neck surgeon for degenerative disc disease. He has difficulty sleeping, driving, and is unable to work due to multiple complaints in both of his hands, and in his neck. Physical examination shows persistent patellar tendon tenderness and retropatellar tenderness. Range of motion is decreased due to pain. He has positive Tinel's over his ulnar nerve at the right elbow and over the median nerve at the right wrist and he has the same on the left side. Radicular symptoms are present with cervical compression in extension. Electrodiagnostic study dated April 12, 2011 shows evidence of cervical radiculopathy primarily involving the right C5, C6, and C7 nerve roots and evidence of bilateral median sensory neuropathy at or around the wrists. Operative reports dated August 23, 2011 shows right endoscopic carpal tunnel release and right ulnar nerve in situ decompression at the elbow. MRI of the right knee report dated March, 9, 2013 shown no evidence of meniscal or ligamentous injury, a small suprapatellar effusion and an extremely small fluid collection in the posterior medial; knee compartment compatible with a small popliteal cyst. Diagnoses are cervical radiculopathy and left knee patella tendinitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg six tablets per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates; Opiates long Term Assessment Page(s): 86-96.

Decision rationale: When utilizing opiates (hydrocodone), an opiate treatment plan should be established. With ongoing management there should be clear medical record documentation addressing pain relief, functional status, appropriate medication use and side effects. The medical documentation should also include an ongoing review of hydrocodone use. The injured worker's medical record does not include current degrees of pain; the least reported pain over the period since the injured worker's last assessment; the intensity of pain after starting hydrocodone; how long it takes for pain to be relieved; and how long the pain relief lasts. Again, there needs to be clear-cut documentation in the medical record and it was absent from the medical documentation. Additionally, there is no documentation indicating whether there was a satisfactory response to treatment in the medical record indicative of the patients decreased pain, increased level of function and improves quality of life. This is missing from the medical documentation. Opiates (hydrocodone) are indicated for short term pain relief. Long term efficacy is unclear. Medical record documentation indicates previous drug tapering trials have failed. This is indicative of a long history of hydrocodone use. The treating physician indicates periodic urine drug screens and opioid contracts have not been done. Based on the clinical information contained in the medical record and the peer reviewed, evidenced based guidelines the hydrocodone is not medically necessary.