

Case Number:	CM14-0116348		
Date Assigned:	11/18/2014	Date of Injury:	06/11/2012
Decision Date:	01/06/2015	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/23/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 40 year old female who was injured on 6/11/2012, smashing her right hand between a gurney and a door frame. X-rays of the right hand revealed a non-displaced fracture. She was diagnosed with right hand fracture, contusion, and crush injury. She was treated with cold and heat, and casting. A hand surgeon did not recommend surgery following the injury. She was then treated with physical therapy and medications including opioids for her chronic right hand pain, of which the opioids were later on recommended to be slowly weaned but were instead continued due to persistent pain. She was also thought to have carpal tunnel syndrome and complex regional pain syndrome as her significant pain was disproportionate to her injury. She was also treated with stellate ganglion blocks. On 5/30/14, the worker was seen by her treating physician reporting right hand pain which recently had worsened, rating her pain level at 10/10 on the pain scale which was higher than typically rated. She reported having side effects from Cymbalta use, and her other medications (hydrocodone, tramadol, gabapentin) helped reduce the pain (not quantified in the progress note). Physical examination findings included tenderness to the right wrist with mild swelling and redness and slightly decreased strength of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to show functional benefit with the use of either the tramadol or the hydrocodone use, separately. Also, there was no report of how much pain reduction was achieved with each medication separately. Without this full documented report upon request for continuation the tramadol and hydrocodone each cannot be justified, based on the documentation provided for review. Therefore, the request is not medically necessary.

Trazodone 50mg #90 (DOS 5/30/14): 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): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to show functional benefit with the use of either the tramadol or the hydrocodone use, separately. Also, there was no report of how much pain reduction was achieved with each medication separately. Without this full documented report upon request for continuation the tramadol and hydrocodone each cannot be justified, based on the documentation provided for review. Therefore, the request is not medically necessary.

