

Case Number:	CM14-0177252		
Date Assigned:	10/30/2014	Date of Injury:	10/26/2006
Decision Date:	01/07/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/27/2014

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 Family 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 53-year-old male who experienced an industrial related injury 10/26/06 to the right ankle when he lost his balance and twisted his right ankle as he was walking on a containment 3.5 inches off the ground. He reported he walked out of the tub and forgot about the surface elevation. He has been treating for chronic bilateral shoulder strain, bilateral elbow lateral epicondylitis, bilateral wrist strain, bilateral forearm flexor and extensor tenosynovitis, and right ankle fracture. Previous treatment included CAM boot, crutches, physical therapy, acupuncture, and medications. There were numerous primary treating physician reports available for review; however, the notes were handwritten and majority of each report was illegible. It was noted that the worker's pain complaints varied with medications from 0-3/10 and without medications 7-9/10. It was noted on the 06/30/14 follow up evaluation the worker's primary complaint was right ankle/foot pain and he had decided to proceed with surgery. He was given a prescription for Norco (Hydrocodone/APAP 5/325 mg) 1 table every 12 hours as needed for pain, quantity 60. He was declared to be permanent and stationary effective 09/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5-325 mg Days Supply: 30 QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 931, 1041, 1115, Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 29, 51, 74-75, 83, 87, 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Hydrocodone/APAP 5-325 mg, per ODG website

Decision rationale: Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant 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. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, the request is not medically necessary and appropriate.