

Case Number:	CM14-0195361		
Date Assigned:	12/03/2014	Date of Injury:	01/15/2008
Decision Date:	01/15/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This 45 year old male sustained a work related injury on 1/15/2008. According to the Utilization Review, the mechanism of injury was reported to be injury from while adjusting forks on lift it slipped onto right hand. The current diagnoses are crush injury right hand and carpal tunnel syndrome. According to the progress report dated 10/9/2014, the injured workers chief complaints were pain in right hand. The quality of pain was described as aching, heavy, tender, throbbing, shooting, sharp, and burning. The severity is moderate to severe. The physical examination of the right hand revealed decreased sensation globally to the median, ulnar, and radial nerve. Current medications are Allegra, Aspirin, Atenolol, Hydrocodone, Janumet, Lipitor, Lisinoprol, Motrin, and Prilosec. On this date, the treating physician prescribed Hydrocodone/ APAP 10/325mg, which is now under review. When Hydrocodone was prescribed work status was full-time employment. On 10/31/2014, Utilization Review had non-certified a prescription for Hydrocodone/ APAP 10/325mg. The Hydrocodone was modified based on a trial to taper to a lower dose or cessation, if possible. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #120 MED 40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of crush injury right hand and carpal tunnel syndrome. In addition, given documentation of a signed Opioid agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given documentation of ongoing treatment with Hydrocodone/APAP and despite documentation that there was tremendous improvement as a result of Hydrocodone/APAP use, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/APAP use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/APAP 10/325mg #120 MED 40 is not medically necessary.