

Case Number:	CM14-0205054		
Date Assigned:	12/17/2014	Date of Injury:	08/01/2003
Decision Date:	02/11/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/08/2014

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 Physical Medicine Rehab 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 44 year old female with date of injury 8/01/03. The treating physician report dated 11/12/14 (23) is handwritten and nearly illegible. It indicates that the patient presents with pain affecting right shoulder and bilateral hands. The physical examination findings reveal Right shoulder abduction of 135 degrees and positive Tinel sign on the right. Prior treatment history includes medication, nerve study, splinting, heat, massage, steroid injections and x-ray. The current diagnoses are: 1.Bilateral RSI2.Bilateral carpal tunnel syndrome3.Adhesive capsulitisThe utilization review report dated 11/24/14 denied the request for hydrocodone 7.5/325 mg #180 every 4 hours with 4 refills q. 30-day supply based on lack of documentation of decrease in pain on a VAS scale or improved ability to tolerate work activities and/or ADLs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5/325 MG #180 Every 4 Hours with 4 Refills q 30 Day Supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89.

Decision rationale: The current request is for hydrocodone 7.5/325 mg #180 every 4 hours with 4 refills q. 30-day supply. The treating physician states that the patient uses hydrocodone "judiciously." The MTUS guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not provided sufficient documentation regarding the 4 As. There is no urine drug screen or contract included in the documentation for review. The physician's reports provided are mostly handwritten and provide very little information as to the patient's response to current medication and the 4As. MTUS requires much more thorough documentation to indicate that an opiate is providing pain relief and functional improvement. The current request is not medically necessary.