

Case Number:	CM15-0003396		
Date Assigned:	01/14/2015	Date of Injury:	10/27/2013
Decision Date:	03/11/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 36 year old female, who sustained an industrial injury on 10/27/2013 when she slipped and fell on her buttocks and used her left hand to attempt to stop from falling. She injured her back, shoulder, arm and hip. The diagnoses have included rule out left wrist internal derangement/ TFCC (triangular fibrocartilage complex) and rule out lumbar disc herniation with left lumbar radiculopathy. Treatment to date has included physical therapy and medication. Currently, the IW complains of continued pain in the left wrist, low back and left leg. Objective findings included diffuse tenderness to the lumbar spine to the left of the midline. Straight leg raise is positive on the left. There is full range of motion and negative impingement to the left shoulder. There is left wrist tenderness over the TFCC with a positive TFCC grind test, some dorsally tenderness. On 12/23/2014, Utilization Review modified a prescription for Hydrocodone 5mg #30 noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 1/07/2015, the injured worker submitted an application for IMR for review of Hydrocodone 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 79-81.

Decision rationale: The injured worker sustained a work related injury on 10/27/2013. The medical records provided indicate the diagnosis of rule out left wrist internal derangement/ TFCC (triangular fibrocartilage complex) and rule out lumbar disc herniation with left lumbar radiculopathy. Treatment to have included physical therapy and medication. The medical records provided for review do not indicate a medical necessity for Hydrocodone 5mg, #30. Since 07/2014 when she was started on this medication, she the pain has not improved, her activities and function have continued to decline. The MTUS recommends discontinuing opioids if there is no overall improvement in function, unless there are extenuating circumstances; Decrease in functioning. The requested treatment is not medically necessary and appropriate.