

Case Number:	CM15-0107787		
Date Assigned:	06/12/2015	Date of Injury:	05/06/2011
Decision Date:	09/03/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male who sustained an industrial injury on 05-06-11. He reported repetitive injury. Initial diagnoses are not available. Current diagnoses include status post remote right radial tunnel decompression and lateral epicondylectomy, cervical radiculopathy, cervical spondylosis, low back pain with lower extremity symptoms, left shoulder pain, and right lateralel epicondylitis-elbow, refractory. Diagnostic testing and treatment to date has included psychiatric evaluation, and pain medication management. Currently, the injured worker complains of cervical pain rated as an 8 out of a 10 point pain scale with upper extremity symptoms. He has right lateral elbow-dorsal forearm pain that has increased to an 8 out of 10. Physical examination is remarkable for marked tenderness with swelling to the lateral epicondyle. He has a significant decline in activity and function of the right upper extremity. Requested treatments include Hydrocodone 7.5 mg #60. The injured worker's status is reported as no returning to work for several months. Date of Utilization Review: 05-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in May 2011 and is being treated for radiating neck and radiating low back pain, left shoulder pain, and right elbow pain. He underwent a radial tunnel decompression and lateral epicondylectomy in October 2012. When seen, pain was rated at 6-8/10. Hydrocodone, Naprosyn, and Pantoprazole were being prescribed. There was decreased cervical range of motion with tenderness. There was right elbow tenderness and pain with resisted wrist extension. There was lateral elbow swelling. Upper extremity strength was decreased. Hydrocodone is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.