

Case Number:	CM15-0018491		
Date Assigned:	02/09/2015	Date of Injury:	11/09/2005
Decision Date:	04/09/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/30/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female patient, who sustained an industrial injury on 11/09/2005. A primary treating office visit dated 12/16/2014 reported no significant improvement since last visit. She still cannot make a full grip. She has restricted range of motion in the left hand and left upper extremity. She continues to have tremors of the left upper extremity. The impression noted reflex sympathetic dystrophy of upper limb and derangement of joint, shoulder. A request was made for Hydrocodone 5/325MG and Butrans 5MCG. On 12/31/2014, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Opioids was cited. The injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #60: 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): 76-78, 88-89.

Decision rationale: According to the 12/16/2014 report, this patient presents with left hand and left upper extremity pain. The current request is for Hydrocodone 5/325mg #60. The request for authorization is on 11/18/2014. The patient's work status is "same permanent restrictions." For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 As (analgesia, ADL's, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. According to the records made available for review, this medication was first mentioned in the 11/18/2014 and it is unknown exactly when the patient initially started taking this medication. Based on 11/18/2014 "Her injuries caused her to experience difficulty in washing, combing, and brushing her hair, dressing herself, ironing clothes, and washing the dishes." In this case, the reports show documentation of pain assessment but not before and after analgesia is provided. ADL's are mentioned as above but no documentation as to how this medication is significantly improving the patient's ADL's and daily function. The treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. UDS was not obtained. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to clearly document analgesia, ADL's, adverse effects and adverse behavior as required by MTUS. The request IS NOT medically necessary.

Butrans 5mcg #4: 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): 76-78, 88-89.

Decision rationale: According to the 12/16/2014 report, this patient presents with left hand and left upper extremity pain. The current request is for Butrans 5 mcg #4. The request for authorization is on 11/18/2014. The patient's work status is "same permanent restrictions." For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 As (analgesia, ADL's, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. According to the records made available for review, this medication was first mentioned in the 11/18/2014 and it is unknown exactly when the patient initially started taking this medication. Based on 11/18/2014 "Her injuries caused her to experience difficulty in washing, combing, and brushing her hair, dressing herself, ironing clothes, and washing the dishes." In this case, the reports show documentation of pain assessment but not before and after analgesia is provided. ADL's are mentioned as above but no documentation as to how this medication is significantly improving the patient's ADL's and daily function. The treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function

which is recommended once at least every 6 months per MTUS. UDS was not obtained. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to clearly document analgesia, ADL's, adverse effects and adverse behavior as required by MTUS. The request IS NOT medically necessary.