

Case Number:	CM15-0133272		
Date Assigned:	07/21/2015	Date of Injury:	02/27/2012
Decision Date:	08/18/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/09/2015

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: 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 62 year old male, who sustained an industrial injury on February 27, 2012. The injured worker reported that while working on lift his left hand forcibly hit the lift causing swelling and pain. The injured worker was diagnosed as having derangement of the forearm joint not otherwise specified, observation and evaluation for an unspecified suspected condition, and sprains and strains of the wrist not otherwise specified. Treatment and diagnostic studies to date has included medication regimen, psychiatric therapy, and x-rays of the left wrist. In a progress note dated May 26, 2015 the treating physician reports complaints of left hand pain and swelling. Examination reveals moderate swelling and erythema to the left hand and wrist along with decreased range of motion to the proximal interphalangeal joints to all fingers of the left hand. The Examination also revealed joint line tenderness, decreased sensation, and crepitus with bending of the fingers to the left hand. The injured worker's current medication regimen included Omeprazole DR, Medrox Pain Relief Ointment, Hydrocodone with Acetaminophen, Percocet, and Naproxen Sodium. The treating physician noted that the injured worker's medication regimen allows the injured worker to perform activities of daily living and function, but the documentation did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication and after use of his medication to indicate the effects with the use of the injured worker's medication regimen. The treating physician requested Hydrocodone with Acetaminophen tablets 10-325mg with a quantity of 120 noting this medication to be a part of the injured worker's medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP tab 10-325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications opioids Page(s): 22, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Hydroco/APAP for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydroco/APAP tab 10-325mg #120 is determined to not be medically necessary.