

Case Number:	CM15-0133963		
Date Assigned:	07/22/2015	Date of Injury:	07/23/2012
Decision Date:	08/18/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/10/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 43 year old female patient who sustained an industrial injury on 07/23/2012. The accident was described as while working greeting customers at the front of the store she was struck by a metal stand that fell and subsequently injured. A first report of illness document dated 08/13/2014 reported the patient with subjective complaint of having right elbow and forearm pain. The following diagnoses were applied: cervical, right shoulder/elbow strain/sprain. She was prescribed the following medications: Motrin, Soma, Norco 10/325mg, and Prilosec. There was recommendation to undergo a course of physical therapy and nerve conduction study of bilateral upper extremities. She was to return to a modified work duty. A recent primary treating follow up dated 06/23/2015 reported subjective complaint of with neck, shoulder pain, right. The following diagnoses were applied: cervical strain/sprain; right elbow pain, strain/sprain; right shoulder strain/sprain, rotator cuff tear, and tendinitis/tendinosis. The plan of care noted continuing with physical therapy course and prescribed hydrocodone 10/325mg. She is to remain off from work duty until the next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Acetaminophen 10/325mg 1 tablet every 8 hours as needed for pain, quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. Pain scores were not routinely noted or pain response to medications. The continued use of Hydrocodone is not medically necessary.