

Case Number:	CM15-0139131		
Date Assigned:	07/29/2015	Date of Injury:	01/25/2000
Decision Date:	09/23/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/17/2015

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: New Jersey

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 64 year old female, who sustained an industrial injury on 1/25/2000. The mechanism of injury is not indicated. The injured worker was diagnosed as having carpal tunnel syndrome, elbow sprain and strain, degenerative joint disease of shoulder, and wrist fracture. Treatment to date has included medications, ice, heat, shoulder injection, physical therapy, TENS, and home exercises. The request is for Hydrocodone-Acetaminophen (APAP). On 6/2/2015, she complained of chronic bilateral upper extremity pain and intermittent paresthesias despite bilateral carpal tunnel release and left first meta-carpal-phalangeal joint replacement. Ice, heat, and medications are noted to help her maintain an independent lifestyle. She is retired. She rated her pain 4 at its best, 7 at its worst, and current 5 with medications and without medications, with medications it is noted to be at least 40% lower. The treatment plan included: continuing ice, heat, contrast baths, and medications. Medications are: Ibuprofen, acetaminophen and Norco. On 7/2/2015, she complained of chronic bilateral upper extremity pain and intermittent paresthesia's status-post carpal tunnel release, and left first meta-carpal-phalangeal joint replacement. She is retired. She indicated a recent left shoulder injection had significantly reduced her shoulder pain. There were no noted changes to the left wrist and forearm. She reported that medications, ice and heat allow her to maintain an independent lifestyle. She rated her pain 3 at best, 7 at worst, and current 5 without medications, with medications it is at least 40% lower. The treatment plan included: continuing ice, heat, contrast baths, and medications. Her medications are: Ibuprofen 500mg, Acetaminophen 500mg, and Norco 10-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Acetaminophen 10/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96 Page(s): 1, 8-9, 51, 74-95.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was record of her using Hydrocodone for her chronic pain. However, there was insufficient evidence that this full review regarding the Hydrocodone use was completed recently. Notes submitted for review state that the medications (Norco, Ibuprofen, acetaminophen) collectively produce a reduced pain by 40% or more, however, this report did not specify how much this reduction was directly related to the Norco use, and there was also no recent report on how the Norco independently was improving her function to justify its use. Although the provider reported that these medications had been stable as well as her pain and function, periodic reports on the individual medication's benefits must be included in the notes to justify continuation. Therefore, in the opinion of this reviewer and based on the notes provided for review, the Hydrocodone is not medically necessary until this specific information is provided for review.