

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0145651 | | |
| Date Assigned: | 08/06/2015 | Date of Injury: | 05/21/2014 |
| Decision Date: | 09/03/2015 | UR Denial Date: | 07/09/2015 |
| Priority: | Standard | Application Received: | 07/27/2015 |

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 45 year old female, who sustained an industrial injury on May 21, 2014. She reported an injury to her right wrist and right hip after a fall. Treatment to date has included carpal tunnel release, physical therapy, home exercise program, medications, diagnostic imaging, and cortisone injection. Currently, the injured worker complains of constant moderate aching pain in the right elbow, right wrist and right hip. She has radiation of pain to the right hand and wrist with associated numbness, tingling and weakness. She reports that her symptoms are aggravated with repetitive movement and relieved with rest. She rates her right elbow pain a 6 on a 10-point scale and her right wrist and right hip pain a 5 on a 10-point scale. On physical examination the injured worker has painful range of motion of the right elbow and her range of motion is limited. She has a decreased range of motion of the right wrist with pain and her Tinel's sign is negative. She reports decreased right hip range of motion and has pain. The diagnoses associated with the request include right elbow pain, right lateral epicondylitis, right carpal tunnel syndrome, right wrist pain, right hip pain and right hip labral tear. The treatment plan includes Tylenol ES, cyclobenzaprine, hydrocodone, MRI of the right wrist, orthopedic consult, EMG-NCV and functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in May 2014 and is being treated for right hip and radiating right wrist pain. Treatments have included a right carpal tunnel release, physical therapy, and medications. When seen, pain was rated at 5-6/10. There was decreased elbow and wrist range of motion. There was decreased right hip range of motion. Diagnoses include a labral tear. Norco was requested due to the claimant's ongoing pain. Norco (Hydrocodone/Acetaminophen) is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing moderate pain. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.