

Case Number:	CM15-0165188		
Date Assigned:	09/02/2015	Date of Injury:	02/04/2011
Decision Date:	10/05/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 51 year old male, who sustained an industrial injury on 2-04-2011, after a forklift was flipped from a trailer ramp coming loose. The injured worker was diagnosed as having carpal tunnel syndrome, left hand, tendonitis hand, and enthesopathy of wrist. Treatment to date has included diagnostics, left thumb surgery in 12-2013, left carpal tunnel release in 4-2012, right carpal tunnel release in 2011, and medications. A progress report (3-18-2015) noted current medication as including Ibuprofen. The care plan at that time included tapering Hydrocodone. Work status was noted as maximum medical improvement and he had not worked since 9-2013. The use of Hydrocodone was not described. Currently (7-14-2015), the injured worker complains of increased pain, with lack of approval of Hydrocodone. He reported difficulty functioning without medications. Pain was currently rated 10 out of 10, 1 out of 10 at best, and 3 out of 10 after opioid medication. Current medication was noted as Ibuprofen. The treatment plan included tapering Hydrocodone. Previous progress reports did not describe the use of Hydrocodone. Urine toxicology was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Hydrocodone 10/325 #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals multiple progress notes indicating that the current medications were only Ibuprofen, yet in the treatment plan discusses tapering Hydrocodone. There is no objective documentation of a urine toxicology screen. Without evidence of documentation of prescribing opioids per the MTUS Guidelines the request for Hydrocodone is not medically necessary.