

Case Number:	CM15-0166791		
Date Assigned:	09/04/2015	Date of Injury:	08/06/2012
Decision Date:	10/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/25/2015

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: Pennsylvania

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 38 year old female, who sustained an industrial injury on 08-06-2012. She reported injury to the bilateral wrists. The diagnoses have included lesion of radial nerve; synovitis and tenosynovitis neuropathic pain involving the right wrist and hand; mild CRPS (complex regional pain syndrome); and status post bilateral de Quervain surgery and left carpal tunnel surgery. Treatment to date has included medications, diagnostics, injections, splinting, nerve blocks, physical therapy, home exercise program, and surgical intervention. Medications have included Hydrocodone-Acetaminophen, Neurontin, and Ibuprofen. A progress report from the treating physician, dated 07-23-2015, documented an evaluation with the injured worker. The injured worker reported chronic bilateral wrist and forearm pain; she is taking the Hydrocodone-Acetaminophen two to three times a day as needed; she discontinued the Ibuprofen since the stellate ganglion blocks, which reduced right wrist hypersensitivity by more than 50%; the medication provides functional gains in assisting with her activities of daily living, physical therapy, home exercises, mobility, and restorative sleep, contributing to her quality of life; and medication reduces her 9 out of 10 pain level intensity by 30-40%. Objective findings included she is wearing a wrist splint on the right upper extremity and thumb spica splint on the left upper extremity; positive Finklestein's on the right wrist; left wrist flexion is 4 out of 5 and extension is 4 out of 5; there is decreased sensation to light touch on the dorsal first web space; and there is a well-healed surgical incision on the right hand with slight swelling. The treatment plan has included the request for Hydrocodone-Acetaminophen 7.5-750mg #75; random routine drug screen; and re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/ acetaminophen 7.5/750mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. It is stated in the 7/23/15 physician progress note, "She reports medication reduces her 9/10 pain level by 30-40% consistent with VAS." It is also stated "Medication provides functional gains in assisting with her ADL's, physical therapy, home exercises, mobility and restorative sleep, contributing to her quality of life." However, there is no objective documentation of improved function in response to the opioid. There is no indication of any recent attempts at weaning the medication to see if a lower dose would result in the same response. Therefore, the request is not medically necessary.

Random routine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, steps to avoid misuse/addiction.

Decision rationale: Urine drug screening is recommended as an option in chronic pain management to assess for the use or the presence of illegal drugs. Specifically, urine drug screening should be considered to assess for the use or the presence of illegal drugs before initiating opioid treatment. During treatment, drug screening is indicated with issues of abuse, addiction or poor pain control. In this case, there is no indication in the record for the purpose of the urine drug screen. Opioid treatment had already been initiated at least several months prior and there is no indication that there were issues of abuse, addiction or poor pain control. Therefore, the request is not medically necessary.

Re-evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: The ACOEM states, "Even when the medical condition is not expected to change appreciably from week to week, frequent follow-up visits are warranted for monitoring in order to provide structure and reassurance." However, this worker is also having frequent follow-up visits by the primary treating physician and no rationale is provided as to why a re-evaluation by the secondary treating physician in this case is necessary. The secondary treating physician states "Pain medication is stable". A re-evaluation in 90 days is requested but no reason for the re-evaluation is given. Therefore, the request is not medically necessary.