

Case Number:	CM15-0182107		
Date Assigned:	09/23/2015	Date of Injury:	03/12/2009
Decision Date:	10/27/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/16/2015

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, New York
 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 53 year old male, who sustained an industrial injury on 3-12-09. The injured worker was diagnosed as having bilateral carpal tunnel syndrome; cervical radiculopathy; bilateral cubital tunnel syndrome; pronator tunnel; de Quervain's left. Treatment to date has included physical therapy; injections; bracing; medications. Currently, the PR-2 notes dated 8- 20-15 indicated the injured worker complains of bilateral hand numbness and tingling and bilateral hand pain. He presents to the office with complaints of debilitating had pain due to his industrial injury. The provider notes the injured worker is seen for chronic pain management as he continues using pain medications, modified activity level, and a brace is being used. The provider notes treatments have included medications, therapy, injections, bracing, assistive devices. He has had x-rays, nerve testing and the quality of his pain is reported as sharp, stabbing, throbbing with duration noted as constant. The severity of symptoms is noted as severe with profound limitations. Pain is documented as radiating to the biceps, upper arms and shoulders and aggravated by gripping, grasping, reaching, repetitive movements, overhead activities. He notes his pain is relieved by medications. Associated symptoms also include numbness in both hands and right elbow. The provider notes "condition is not showing improvement. Medications are helping well and being used on a regular basis. Patient ran out of medications and requested a refill. Bracing provides relief while driving." The provider also notes the injured worker is unable to return to work due to his physical limitations. The provider documents the injured workers surgical history as: "status post right sixth dorsal compartment with tenosynovectomy and extensor carpi ulnaris tendon (7-13-09); status post right DRUJ

stabilization palmaris longus graft and debridement of the TFCC (1-2-10); status post right removal of hardware and manipulation under anesthesia (2-16-10); status post right first dorsal compartment release and extirpated of the extensor carpi ulnaris (4-28-11); and right in situ ulnar nerve decompression (7-26-12). The provider reviews multiple MRI's and X-rays of the cervical and upper extremities along with upper extremities EMG-NCV study. The provider's treatment plan includes documentation "Start Hysingla ER tablet, extended release, 30mg 1 tab orally every 24 hours." A Request for Authorization is dated 9-16-15. A Utilization Review letter is dated 9-15-15 and modified the certification for Hysingla ER 30 mg #30 to authorize a quantity of #15 only. Utilization Review denied the requested treatment for not meeting the CA MTUS and ACOEM Guidelines. The provider is requesting authorization of Hysingla (hydrocodone) ER 30 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 30 mg #30: Upheld

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

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

Decision rationale: The request is considered not medically necessary. The patient has been on opiates for an extended of time without objective documentation of the improvement in pain and function. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. A 6/2015 urine drug screen showed consistent resultants but there were no recent UDS. There was no drug contract documented. There are no clear plans for future weaning, or goals of care. The patient had been approved for #15 of Hysingla previously. Because of these reasons, the request for hydrocodone is considered medically unnecessary.