

Case Number:	CM15-0198179		
Date Assigned:	10/13/2015	Date of Injury:	04/09/2013
Decision Date:	11/23/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/08/2015

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: California

Certification(s)/Specialty: Emergency 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 62 year old male, who sustained an industrial injury on 4-9-2013. Diagnoses include right forearm contusion, right wrist contusion, osteoarthritis, status post hardware removal on 10-24-14. Treatments to date include activity modification, wrist splint, occupational therapy, and cortisone injection. On 8-30-15, the provider documented that Norco 10mg was discontinued, and a prescription for Norco 7.5mg was provided. On 9-28-15, he complained of ongoing pain in the right wrist and hand. Medications currently prescribed and efficacy of medication was not documented on this date. The physical examination documented tenderness of the wrist, decreased swelling, and positive Phalen's test with limited range of motion in the wrist due to pain. The plan of care included continuation of the wrist brace and home exercises. The appeal requested authorization for Hydrocodone-Acetaminophen 7.5-325mg #60 per order dated 9-28-15. The Utilization Review dated 10-6-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 7.5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: The requested Hydrocodone-Acetaminophen 7.5/325 mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has ongoing pain in the right wrist and hand. Medications currently prescribed and efficacy of medication was not documented on this date. The physical examination documented tenderness of the wrist, decreased swelling, and positive Phalen's test with limited range of motion in the wrist due to pain. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone-Acetaminophen 7.5/325 mg #60 is not medically necessary.