MAXIMUS Federal Services

Case Number:	CM15-0205641		
Date Assigned:	10/22/2015	Date of Injury:	04/27/2006
Decision Date:	12/03/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/20/2015

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
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 37 year old male who sustained an industrial injury on 04-27-2006. According to the most recent progress report submitted for review and dated 08-31-2015, the injured worker reported right hand pain. Work status was noted as permanent and stationary. Diagnoses included status post crush injury, surgeries to the right hand and metacarpal joints, neuropathic pain, deformity and minimal function of right hand and depression. Current medications included Ketoprofen gel, Amitriptyline and Hydrocodone-APAP 10-325 mg #10 "temporarily". Treatments to date have included TENS, E-stimulation, biofeedback and spinal cord stimulator trial. Pain level was rated 5 on a scale of 1-10 with medications and 9 without medications. He was last seen on 06-03-2015. He used Norco only while cutting fingernails. He described an electricity-like pain and stated that Norco reduced that. Amitriptyline improved the numbness of the right hand. He continued to do home exercises and stretching. Physical examination demonstrated deformity over the right hand with limitations in range of motion. The treatment plan included Hydrocodone 10-325 mg #10 for pain when trimming fingernails. The provider noted that this would be the last prescription for Norco. A prescription was written for Amitriptyline. Follow up was indicated in 3 months. On 10-10-2015, Utilization Review non-certified the request for Hydrocodone-APAP 10-325 mg #10 and authorized the request for Amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP (acetaminophen) 10/325mg, #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, Norco was reportedly used only when trimming fingernails. Although the worker would likely benefit from pain reduction during the times when trimming his fingernails, this medication is not necessary and has not shown to improve overall function. Although this was the provider's last prescription, it is not necessary to continue this medication for occasional use. Therefore, this request for Norco will be considered medically unnecessary.