

Case Number:	CM15-0021489		
Date Assigned:	02/11/2015	Date of Injury:	10/05/2001
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/05/2015

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 York, West Virginia, Pennsylvania
 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 56 year old male, who sustained an industrial injury on October 5, 2001. The diagnoses have included overuse syndrome of bilateral upper extremities with status post bilateral carpal tunnel release and bilateral cubital tunnel release, bilateral shoulder strain, and cervical strain. Treatment to date has included diagnostic studies, surgery, and medications, including opioid, anti-epilepsy, muscle relaxant, and antidepressant medications. The provided medical records did not contain a recent urine drug screen report, opioid pain contract, risk assessment profile, and psychological evaluation. On February 28, 2014, the treating physician noted continuing pain and numbness of bilateral wrist, hand, and elbow with lumpiness over the medial proximal forearm and medial distal wrist, worse on the right than the left. The injured worker also complained of bilateral shoulder pain, worse on the right; neck pain with radiation to the left upper chest and left clavicular region, left shoulder with recent tingling in left hand, greater than the right hand; and depression and frustration due to chronic pain. The physical exam revealed a ganglion cyst of the volar wrist bilaterally, full range of motion of the wrists, and minimally tender scars over the bilateral volar wrists and bilateral forearm flexor muscles. There was swelling in the right medial proximal flexor forearm muscles, full range of motion bilateral elbows, tenderness over the medial and posterior elbow, and mildly tender surgical scars over the bilateral medial elbows. Localized tenderness without paresthesia was produced by Tinel's sign. The shoulder exam revealed positive bilateral impingement signs, greater on the left; and mildly decreased range of motion. There was tenderness and spasm of the paracervical muscles, mildly decreased range of motion, and positive left Spurling's sign. The treatment plan

included pain medication. On January 12, 2015, Utilization Review non-certified a prescription for Hydrocodone/APAP tab 10-325mg Days' Supply: 30 Quantity: 30, noting the lack of a copy of the opioid pain contract and the risk assessment profile that stratifies his risk of abuse/misuse of opioids in order to set an appropriate schedule for regular urine drug testing. The urine drug screen report from August 8, 2014 failed to detect the presence of prescribed opioids, raising the suspicion of diversion. In addition, there was no documentation of a psychological evaluation that stratifies his risk of abuse/misuse of opioids, or to seek other non-pharmacological, non-interventional adjunctive chronic pain management strategies. The California Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco /Apap 10-325mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Guidelines for the use of opioid therapy should include ongoing monitoring of efficacy, safety, signs of abuse, and plans for weaning the medication. In this case, there is limited documentation of a risk assessment, and urine drug screening showed presence of alprazolam, but failed to detect hydrocodone and tramadol, which suggests diversion of opioid medications. The documentation also does not establish the medical necessity for the hydrocodone/APAP and there is no documentation of an opioid contract. Thus hydrocodone/APAP 10-325 mg is not medically appropriate and necessary.