

Case Number:	CM15-0021541		
Date Assigned:	02/11/2015	Date of Injury:	10/08/2008
Decision Date:	03/31/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/04/2015

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: Texas, California
 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 55 year old male, who sustained an industrial injury on 10/8/2008. He has reported injury to back, right hand, thumb and wrist. The diagnoses have included lumbosacral and thoracic disc injury, lumbosacral radiculopathy, right thumb derangement, TFCC tear, status post right thumb repair, anxiety and depression. They are status post right thumb repair 2008, right thumb tendon transfer 2009, left knee arthroscopy 2009, cortisone injections 2010, right knee arthroscopy 2010, left shoulder rotator cuff repair 2011, left shoulder manipulation under anesthesia and adhesion release 2012, right knee surgery 2013,2, right elbow surgery 2013, and left carpal tunnel and left finger release 2013. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), ice/heat, and Transcutaneous Electrical Nerve Stimulation (TENS), physical therapy and acupuncture, and Synvisc injections. Currently, the IW complains of continued bilateral shoulder and bilateral knee pain. Physical examination 1/12/15 documented bilateral knee tenderness and painful Range of Motion (ROM), as well as bilateral shoulder tenderness and painful Range of Motion (ROM). The plan of care included continuation of medication, exercise below the pain range, Transcutaneous Electrical Nerve Stimulation (TENS), and a psychology evaluation. The patient sustained the injury when he was lifting a table. The patient has used a cane for this injury. The medication list includes Mobic, Norco, Skelaxin, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 day supply of Hydrocodone/APAP 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: Request: 10 day supply of Hydrocodone/APAP 10/325mg #120. Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of 10 day supply of Hydrocodone/APAP 10/325mg #120 is not established for this patient.