

Case Number:	CM15-0223015		
Date Assigned:	11/19/2015	Date of Injury:	11/02/2009
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/12/2015

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: Florida

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 54 year old male who sustained an industrial injury on 11-02-2009. Medical records indicated the worker was treated for cervicothoracic strain-arthrosis- discopathy with central stenosis and resultant cephalgia; right shoulder impingement syndrome with acromioclavicular joint arthrosis; status post right ulnar nerve transposition; status post right carpal tunnel release; left carpal tunnel and cubital tunnel syndrome. In the provider notes of 10-07-2015, the worker is seen in follow up. The worker state he has been authorized for an electromyogram nerve conduction velocity study of the left upper extremity and is to see a hand surgeon. He states the Tylenol #2 has not helped his pain adequately and he is requesting a return to hydrocodone. On physical exam, the worker has atrophy of the intrinsic muscles of the left and with thenar weakness. The treatment plan includes permanent and stationary and the worker is on a home exercise program. An electromyogram/Nerve conduction velocity will be scheduled and the worker will follow up with a hand specialist. A request for authorization was submitted for 1 prescription of Hydrocodone-Acetaminophen 10/325mg #60. A utilization review decision 10-16-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Hydrocodone-Acetaminophen 10/325mg #60: Upheld

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

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

Decision rationale: Regarding this patient's case, the patient has been being prescribed the narcotic medication Tylenol #2. He feels that it is not helping his pain and therefore he would like Hydrocodone to be prescribed, a stronger narcotic medication. There is no documentation that this patient cannot take NSAID medications or plain Tylenol for pain. He was previously weaned off Hydrocodone, and is now requesting to be prescribed this medication again. The medical necessity of this request has not been established. The request is not medically necessary.