

Case Number:	CM15-0033407		
Date Assigned:	02/26/2015	Date of Injury:	08/06/2012
Decision Date:	04/23/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 37-year-old female who sustained an industrial injury on 08/06/2012. Diagnoses include lesion of radial nerve and synovitis and tenosynovitis. Treatment to date has included medications, splinting, surgery and physical therapy. Diagnostics performed to date included MRIs. According to the PR2 dated 11/21/14, the IW reported her left wrist and hand pain was slowly decreasing, but noted intermittent tingling in the distal tip of the right thumb. She also stated her medications provide pain reduction and increased functionality. The IW continued in physical therapy for post-operative right DeQuervain's release. A prescription for Hydrocodone/APAP (for date of service 12/19/14) was requested for the patient's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP DOS 1219/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in August 2012 and continues to be treated for chronic, but improving, left wrist and hand pain. Medications are referenced as providing pain relief with improved function. Hydrocodone/acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day which is within guideline recommendations. Therefore, continued prescribing was medically necessary.