

<b>Case Number:</b>	CM15-0037113		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	09/17/2011
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old female, who sustained a work related injury on 9/17/11. She got her right hand stuck in the machinery. She sustained a cut on the top and bottom of right hand and sustained two finger fractures. The diagnoses have included hand crush injury, hand pain, wrist pain and myalgia numbness. Treatments to date have included right hand surgery in 2011, 2012 and x 2 in 2013, medications, physical therapy and rest. In the PR-2 dated 1/21/15, the injured worker complains of right hand and wrist pain. She states pain is better on pain medication. She is able to get simple housework done. She describes the right hand pain as an aching pain with tightness in her hand and forearm and an occasional stabbing sensation. She rates the pain 5-6/10 on medications and an 8/10 off of medications. She states her pain is better with medications, physical therapy and rest. The pain is made worse in having to grasp, lift, carry and hold things with the right hand. She has tenderness to touch over base of right thumb. On 2/19/15, Utilization Review modified a request for Hydrocodone 5/325mg., #60 to Hydrocodone 5/325mg., #45.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 5/325mg 1 tab q 6hrs a needed #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Hydrocodone Page(s): 76-78, 88-89, 90.

**Decision rationale:** This patient presents with right hand and wrist pain. The patient is status post right hand surgery from 2011, 2012, and 2013. The physician is requesting HYDROCODONE 5/325 MG ONE TAB Q6 HOURS AS NEEDED QUANTITY 60. The RFA was not made available for review. The patient's date of injury is from 09/17/2011 and she is currently permanent and stationary. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. The medical records show that the patient was prescribed Norco prior to 01/21/2015. In the same report, the patient reports her pain at 8/10 without medication and 5 to 6/10 with medication use. She states that she is able to do simple housework while taking her medications. The patient does report a history of G.I. upset while taking oral NSAIDs. The urine drug screen from 12/23/2014 show consistent results to prescribed medications. In this case, the physician has noted sufficient documentation showing medication efficacy for chronic opiate use. The request IS medically necessary.