

Case Number:	CM15-0040890		
Date Assigned:	03/11/2015	Date of Injury:	03/07/2014
Decision Date:	04/21/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	03/04/2015

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: 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 27-year-old male, who sustained a work related injury on 3/7/14. He was driving a golf cart when something malfunctioned with the steering. He turned the wheel quickly and the golf cart flipped trapping his left arm underneath. He suffered a radius and ulnar fracture. The diagnosis has included closed fracture shaft of radius with ulna. Treatments to date have included left arm surgery on 3/2014, medications. In the Visit Note dated 1/8/15, the injured worker complains of persistent left forearm pain at the side of the surgery. He states he has intermittent numbness and tingling that occurs more at night. He states the pain radiates up the left arm into the shoulder and neck. He states he is having low back pain, which he attributes to the accident. He states current pain medication is not working as well as the Norco used to and requests to be placed back on the Norco. The treatment plan is request authorization for physical therapy for lower back and place injured worker back on the Norco pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Bit/APAP 10/325 take 12hrs PRN #90 qty. 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient has a date of injury of 03/07/14 and presents with back and left upper extremity pain. The Request for Authorization is dated 03/02/15. The current request is for HYDROCODONE BIT/APAP 10/325 TAKE 12 HRS PRN #90 QTY 30. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. This patient has been taking this medication since at least 08/04/14. Progress report dated 08/04/14 notes that the patient is taking "Norco six to eight tablets per day." The physician states "I am somewhat concerned about his Hydrocodone use." On 08/22/14, the patient reported that he lost his medications and a refill was given. On 09/30/2014, Norco was discontinued and Morphine was initiated. The treating physician in an appeal letter dated 02/27/15 states that the patient is no longer taking this medication and states that this is a retrospective request for DOS 08/04/14 and 08/22/14. In this case, review of the progress reports during the times that Norco was dispensed, do not provide any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. Furthermore, the treating physician did not discuss this patient's aberrant behavior with lost refills and inconsistent drug screens. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary.

Hydrocodone Bit/APAP 10/325 take Q8hrs PRN #90 qty. 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient has a date of injury of 03/07/14 and presents with back and left upper extremity pain. The Request for Authorization is dated 03/02/15. The current request is for HYDROCODONE BIT/APAP 10/325 TAKE Q8 HRS PRN #90 QTY 45. The treating physician states that the patient has been taking this medication intermittently and the HYDROCODONE BIT/APAP 10/325 TAKE Q8 HRS PRN #90 QTY 45 if for breakthrough pain. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of

pain relief. This patient has been taking this medication since at least 08/04/14. Progress report dated 08/04/14 notes that the patient is taking "Norco six to eight tablets per day." The physician states "I am somewhat concerned about his Hydrocodone use." On 08/22/14, the patient reported that he lost his medications and a refill was given. On 09/30/2014, Norco was discontinued and Morphine was initiated. The treating physician in an appeal letter dated 02/27/15 states that the patient is no longer taking this medication and states that this is a retrospective request for DOS 08/04/14 and 08/22/14. In this case, review of the progress reports during the times that Norco was dispensed, do not provide any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. Furthermore, the treating physician did not discuss this patient's aberrant behavior with lost refills and inconsistent drug screens. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary.