

Case Number:	CM15-0048999		
Date Assigned:	03/20/2015	Date of Injury:	02/10/2015
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/16/2015

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 64 year old female, who sustained an industrial injury on 02/10/2015. She reported injuries to her left wrist, elbow, knee, foot, and tailbone. The injured worker is currently diagnosed as having closed fracture of navicular bone of wrist. Treatment to date has included left wrist x-rays, surgery, and medications. In a progress note dated 03/02/2015, the injured worker presented with complaints of left wrist pain after fall. The treating physician reported requesting authorization for Hydrocodone for postoperative pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent Post-Op Hydrocodone 5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78.

Decision rationale: The patient has a date of injury of 02/10/15 and presents with a closed fracture of the scaphoid bone of the left wrist. The current request is for URGENT POST-OP

HYDROCODONE 5/325MG #30. MTUS Guidelines page 76 to 78, under the criteria for initiating opioids, recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids maybe tried at this time MTUS states that "Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities." The medical file provided for review includes only two reports dating 02/02/15 and 02/11/15. The treating physician states that the patient is pending authorization for open reduction internal fixation for the left scaphoid fracture and is requesting Hydrocodone for post-operative use. The Utilization review denied the request stating that the requested surgery has been non-certified. In this case, there is no indication that surgery has been approved and the treating physician has not provided functional or pain assessment to necessitate a start of a new opioid. This request IS NOT medically necessary.