

Case Number:	CM14-0124924		
Date Assigned:	08/11/2014	Date of Injury:	05/22/2001
Decision Date:	11/13/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old with a reported date of injury of 05/22/2001. The patient has the diagnoses of carpal tunnel syndrome, neck pain and shoulder pain. Per the most recent progress reports provided for review by the primary treating physician dated 07/02/2014, the patient had complaints of pain in the neck, shoulder, left side and numbness and cramping in the hand. Cortisone injections in the carpal tunnel were not beneficial. The physical exam noted pain over the median nerve distribution of the bilateral wrist. Treatment plan recommendations included continuation of pain medications and surgical consult for carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP tab 10-325mg; days supply: 16 Quantity: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. The most recent progress reports do not mention the

patient's work status. The medication is said to decrease pain by 25% but there is no objective evidence such as VAS scores. There is also no objective measure of improvement in function besides helping with severe limitations in ADLs. For these reasons the criteria set forth above of ongoing and continued used of opioids have not been met. Therefore the request is not medically necessary.