

Case Number:	CM14-0141147		
Date Assigned:	09/10/2014	Date of Injury:	09/24/2012
Decision Date:	10/10/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 50-year old male who reported an injury on 09/24/2012 with an unknown mechanism of injury. The injured worker was diagnosed with possible CRPS right upper extremity, chronic pain syndrome, and status post right elbow, wrist, and third phalanx (times two) surgeries. The injured worker was treated with medications, manipulation therapy, bracing, and surgery. The injured worker had unofficial x-rays on 05/31/2013, an unofficial MRI on 06/19/2013, and lab work on 07/09/2013. The injured worker had surgery on right elbow, right wrist, and right third phalanx (times two); dates not provided. On the clinical note dated 03/18/2014, the injured worker complained of neck and back pain rated 8-9/10. The injured worker had tenderness to palpation to the cervical and lumbar paraspinals. The injured worker was prescribed docuprene 100mg twice a day, LidoPro cream, and Norco 5/325mg twice a day as needed. The treatment plan was for Hydrocodone/APAP 7.5/325 mg two tablets/day #60. The rationale for the request was not indicated. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 7.5/325 mg two tablets/day #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, criteria for use Page(s): 78.

Decision rationale: The injured worker is diagnosed with possible CRPS right upper extremity, chronic pain syndrome, and status post right elbow, wrist, and third phalanx (times two) surgeries. The injured worker complains of neck and back pain rated 8-9/10. The California MTUS guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker's medical records lack documentation of pain rating pre and post medication, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The documentation did not include a recent urine drug screen. The injured worker has been prescribed Hydrocodone/APAP 5/325mg since at least 10/17/2013. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate that the current dose of Hydrocodone/APAP 5/325mg is failing to provide pain relief to warrant an increase to the Hydrocodone/APAP 7.5/325 mg. As such, the request for Hydrocodone/APAP 7.5/325 mg two tablets/day #60 is not medically necessary.