

Case Number:	CM14-0148129		
Date Assigned:	09/18/2014	Date of Injury:	01/09/2003
Decision Date:	10/16/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/11/2014

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 Emergency Medicine, and is licensed to practice in California. 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 58 year-old male, who sustained an injury on January 9, 2003. The mechanism of injury is not noted. Diagnostics have included: EMG dated July 22, 2014 reported as positive for moderate-severe bilateral carpal tunnel syndrome and bilateral C6-7 cervical radiculopathy. Treatments have included: medications, September 12, 2014 right carpal tunnel release, shoulder surgery, knee surgery. The current diagnoses are: carpal tunnel syndrome bilateral, shoulder impingement, cervical disorder with myelopathy, knee medial collateral ligament sprain. The stated purpose of the request for Hydrocodone 10mg - Acetaminophen 325mg #125 with 4 refills, was not noted. The request for Hydrocodone 10mg - Acetaminophen 325mg #125 with 4 refills, was denied on August 25, 2014, citing a lack of documentation of functional improvement. Per the report dated August 11, 2014, the treating physician noted complaints of cramping and burning pain to the hands and fingers. Exam findings included tenderness and swelling to both wrists, positive Katz diagram. Per the report dated September 18, 2014, the treating physician noted that the injured worker was s/p September 12, 2014 right carpal tunnel release and complained of right-sided pain and numbness with tenderness at the right index MCP joint, left wrist tenderness, decreased median nerve distribution sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg - Acetaminophen 325mg #125 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for Chronic Pain Page(s): 78-80; 80-82.

Decision rationale: The requested Hydrocodone 10mg - Acetaminophen 325mg #125 with 4 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has cramping and burning pain to the hands and fingers. The treating physician has documented tenderness and swelling to both wrists, positive Katz diagram. This opiate has been prescribed since at least July 2014. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone 10mg - Acetaminophen 325mg #125 with 4 refills, is not medically necessary.