

Case Number:	CM14-0166782		
Date Assigned:	10/14/2014	Date of Injury:	02/26/2013
Decision Date:	11/14/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/09/2014

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 Orthopaedic Surgery and is licensed to practice in Texas. 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 52-year-old male driver with a date of injury of 2/26/2013. The injury occurred when he tripped over a basket leg and fell, landing on his left side. The injuries were reported to the left hand, elbow, and knee. His medical history was positive for hypertension. Records indicated that the injured worker had been prescribed hydrocodone since at least September 2013. His surgical history was positive for lumbar laminectomy on 9/11/12, right total knee replacement on 9/30/13, and left total knee replacement on 2/10/14. The 4/18/14 electrodiagnostic report impression documented borderline findings of distal peripheral neuropathy in the upper extremities, chronic C7 nerve root irritation bilaterally, moderate bilateral carpal tunnel syndrome, mild right cubital tunnel syndrome, mild bilateral Guyon's canal syndrome, and no evidence of radial entrapment neuropathy. The treating physician progress reports from 6/12/14 to 8/4/14 do not provide a pain or functional assessment. The 9/11/14 utilization review modified the request for hydrocodone/acetaminophen 10/325mg #150 to #120 for weaning purposes.

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: 25; Quantity 150: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Criteria for use of Opioids, Opioids for Chronic Pain Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines typically support the use of hydrocodone/acetaminophen for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the worker's decreased pain, increased level of function, or improved quality of life. On-going management is recommended to include review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. In this case, the guideline criteria have not been met for on-going use of this medication in the absence of guideline required documentation. There is no documentation of specific pain reduction, increased function, or improved quality of life documented relative to the use of this medication. There is no evidence of overall functional improvement. The 9/11/14 utilization review modified the request for hydrocodone/acetaminophen 10/325mg #150 to #120 for weaning purposes. There is no compelling reason to support the medical necessity of additional medication beyond that currently certified. Therefore, this request is not medically necessary.