MAXIMUS Federal Services

Case Number:	CM14-0020975		
Date Assigned:	04/30/2014	Date of Injury:	09/25/2013
Decision Date:	08/18/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/19/2014

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 & Rehabilitation, has a subspecialty in 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 54-year-old male who reported an injury after he slipped and fell on 09/25/2013. The clinical note dated 02/10/2014 indicated diagnoses of left elbow severe abrasion with full thickness and skin loss of the left elbow for which skin grafting had been carried out, left knee foreign body small joint effusion, cervical spine sprain/strain versus discopathy, lumbar spine sprain/strain versus discopathy, pelvis sprain/strain, left wrist sprain/strain, mild carpal tunnel syndrome per EMG/NCV, and right shoulder sprain/strain. The injured worker reported pain in his cervical spine, right shoulder, left elbow, left wrist, pelvis, and lumbar spine. He reported severe pain in the left hand, severe paresthesia and burning. He reported the pain radiated up to his forearm and was worse in the morning. The injured worker reported that a mass was forming on his left hand. On physical examination of the cervical spine, there was tenderness to palpation with myospasms and limited range of motion. The examination of the left elbow revealed tenderness about the elbow. The examination of the left wrist revealed tenderness to palpation with restricted range of motion. The injured worker was unable to flex the 4th and 5th fingers and make a fist and was positive for paresthesia. There was pain at the ulnar border and the left 4th digit dorsal surface had a solid mass non-fluctuant and the mass was hyperpigmented. The examination of the right shoulder revealed tenderness to palpation with limited range of motion. The examination of the lumbar spine revealed tenderness with limited range of motion and myospasms. The injured worker's pelvis was tender to palpation with limited range of motion and the injured worker's knee was tender to palpation with limited range of range of motion. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen

included Lidocaine patch. The provider submitted a request for Hydrocodone/APAP. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10-325MG, 10 DAY SUPPLY #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78.

Decision rationale: The request for Hydrocodone/APAP 10-325mg, 10 day supply #120 is not medically necessary. The California MTUS guidelines state that Hydrocodone/Acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. It was not indicated if the injured worker was utilizing this medication or if this was new prescription. Additionally, there was lack of a quantified pain assessment with the documentation submitted. In addition, if the injured worker has been utilizing this medication, there is lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, the request did not indicate a frequency for this medication. Additionally, there is a lack of significant evidence of an objective assessment of the injured worker's functional status, evaluation of risk for aberrant drug use, behaviors and side effects. Furthermore, the request did not indicate a frequency for this medication; therefore, the request is not medically necessary.