

Case Number:	CM14-0023098		
Date Assigned:	05/14/2014	Date of Injury:	08/02/2006
Decision Date:	08/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 41-year-old male with an 8/2/06 date of injury. Treatment to date has included excision of right index ulnar digital neuroma with reconstruction (2008); I&D of right index finger infection (2006); contracture release with excision of ulnar digital neuroma and full thickness skin graft of the right index finger (2006). Urine drug screens were reviewed from 12/11/09; 3/10/10; 6/10/10; and 10/1/10. No recent UDS was provided. All urine drug screens were positive for opioids and marijuana. A request for hydrocodone 10/325 mg #120 and fentanyl 25 mcg per hour patch #10 were modified on 11/4/13 to allow for weaning. It was noted that the patient had significant psychological comorbidities; had attempted suicide on several occasions; and had multiple inconsistent urine drug screens that were positive for marijuana use. 12/24/13 psychiatric report describes persistent irritability, but no suicidal ideations. Assessment was major depression, recurrent; and anxiety. Requests for Duragesic patch were non-certified on 1/6/14 due to lack of discussion regarding recommended weaning. Progress note dated 1/17/14 described 4/10 pain. The patient utilizes Norco 10/325 one tablet every 6 hours and Duragesic patch. No side effects were reported. Clinically there was a healed scar from a previous surgical procedure, reduced sensation the right hand, reduced strength in right hand grip, and reduced range of motion secondary to pain. Medication refill was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg, #120 (RFA: 1-28-14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 81. Decision based on Non-MTUS Citation Opioid Therapy for Chronic.

Decision rationale: Medical necessity for the requested hydrocodone is not established. The patient has a 2006 date of injury and has had prior surgical treatments. He remains symptomatic, however due to significant psychiatric comorbidities and inconsistent urine drug screens, requests for opioids were not certified. Weaning had been recommended on several occasions, however there is no discussion regarding attempts at weaning/tapering. Review of multiple progress notes did not reveal clear description of reduction of VAS scores or specific functional improvement attributed to medication use. CA MTUS requires documentation of ongoing opioid medication management, with documentation of efficacy and compliance, utilizing random urine drug screens and a pain contract. Reasons for prior adverse determinations were not addressed. Due to inconsistencies on urine drug screens, lack of recent UDS, lack of documented pain and functional improvement from the prescribed medications, and the described comorbidities, the request is not substantiated.