

Case Number:	CM14-0095639		
Date Assigned:	07/25/2014	Date of Injury:	04/30/2010
Decision Date:	09/17/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/23/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 47-year-old female was reportedly injured on April 30, 2010. The mechanism of injury was noted as moving a stool with her left foot. The most recent progress note, dated April 7, 2014, indicated that there were ongoing complaints of left foot pain. Current medications include Lyrica and hydrocodone. The physical examination demonstrated decreased muscle strength of the left extensor digitorum longus and flexor digitorum longus. There was also minimal range of motion and pain with the left third metatarsal phalangeal joint. There were also mild allodynia and some dependent rubor. Diagnostic imaging studies of the lumbar spine indicated a partially sacralized L5 vertebral body and mild canal and foraminal stenosis at L3-L4 and L4-L5. Radiographs of the left foot indicated a contusion of the left third toe, extensor digitorum longus tenosynovitis, and a pathological fracture of the left third toe with questionable healing. Previous treatment included left foot surgery x 2 and a lumbar spine sympathetic nerve block. A request had been made for hydrocodone/APAP and was not certified in the pre-authorization process on May 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Pages 74-78, 88, 91 of 127.

Decision rationale: Hydrocodone/acetaminophen is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for hydrocodone/APAP is not medically necessary.