

Case Number:	CM14-0218374		
Date Assigned:	01/08/2015	Date of Injury:	03/16/2009
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 thirty-six year old who sustained a work-related injury on March 16, 2009, due to cumulative trauma. A request for hydrocodone - APAP 5/325mg #15 was modified by Utilization Review (UR) on December 8, 2014. The UR physician utilized the California (CA) MTUS guidelines in the determination. The UR physician found that the documentation submitted for review did not establish clinical efficacy with prior use as demonstrated by reduction in VAS pain scores and improved tolerance to specified activities that is measured and compared with and without hydrocodone/APAP, an absence of aberrancy with copies of the UDS report for review or a current medical progress note and clinical assessment with a recorded physical exam to support ongoing need as the injured worker had not been seen in the six months prior to the request. A request for Independent Medical Review (IMR) was initiated on December 15, 2014. The documentation submitted for IMR included medical evaluations from June 12, 2014 through October 23, 2014. A physician's evaluation dated October 23, 2014 revealed that the injured worker reported no acute changes to the condition. She reported that she is able to continue working and that she uses a TENS unit at home. Her pain level was defined as a 2 on a ten point scale on VAS. Physical therapy, massage and rest alleviate her pain. She reported dully achy pain in her hands. Her diagnoses included carpal tunnel syndrome and long-term use of medications; her work status was defined as permanent and stationary. The evaluating physician noted that a urine screen report dated 9/26/2014 was negative for all entities and consistent with intermittent Norco use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg quantity 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): (s) 76-78.

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

Decision rationale: The request for Hydrocodone/APAP 5/325mg quantity 15 is not medically necessary. The California MTUS Guidelines state that opioids are recommended for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker was noted to be consistent with a previous urine drug screen, performed on 09/26/2014. Additionally, the injured worker has a current signed pain contract with the provider. However, no information on treatment history and length of time the injured worker has been prescribed hydrocodone. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.