

Case Number:	CM15-0016794		
Date Assigned:	02/05/2015	Date of Injury:	11/01/2007
Decision Date:	03/23/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/29/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 was a 57 year old female, who sustained an industrial injury, November 1, 2007. The injured worker suffered cumulative trauma industrial injury to the upper extremities and neck. According to progress note of November 7, 2014, the injured workers chief complaint was neck, upper back, shoulders, elbows, wrists and hands. The pain radiates to the head. The pain wakes the injured worker from sleep. The injured worker has numbness and tingling in the fingers. The physical exam notes tenderness at the cervical spine, flexion was limited to 10% and extension was limited to 25%, lateral tilt was limited to 25%. There was tenderness noted in the shoulders. The injured worker was diagnosed with anxiety, depression, cervical disc degeneration, lesion on the ulnar nerve, epicondylitis lateral, tenosynovitis radial styloid and headaches. The injured worker previously received the following treatments trigger point injections, botox injections, Norco, Gabapentin, Clonazepam, De Quervain's scar on both wrists from surgery, left elbow surgery, facet rhizotomies of the cervical spine. On December 22, 2014, the primary treating physician requested authorization for a prescription for Hydrocodone 10/325mg #180. On January 21, 2015, the UR denied authorization for a prescription for Hydrocodone 10/325mg #180. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg, #180: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): page(s) 110-115..

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, utilization review recommended this medication for weaning, stating that there was no evidence of functional improvement. An appeal letter was written, which does clearly state that this medication has been improving the patient's pain. The letter states that her pain is decreased from a 9 of 10 without medications to a 6 of 10 with medications. There are also clear examples of functional improvement provided in this appeals letter. The medical records provided do not show any evidence of aberrant behavior. MTUS guidelines have been satisfied for the continuation of this chronic pain medication. This medication is considered medically necessary.