

Case Number:	CM15-0176193		
Date Assigned:	09/17/2015	Date of Injury:	10/11/2011
Decision Date:	10/20/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/08/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 38 year old male, who sustained an industrial injury on 10-11-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for sprain of the metacarpophalangeal (joint) of the left hand. The medical records are conflicting in regards to whether the IW is right or left hand dominant. Medical records (02-16-2015 to 03-17-2015) indicate ongoing left hand pain with pain in the 4th and 5th fingers. Records also indicate no changes in activities. Recent work status (prior to the request for authorization) was not available. The PR (02-16-2015) reported mild swelling in the left hand, diffuse tenderness and restricted flexion of the 5th finger. A QME report (03-17-2015), states that the IW is reporting severe constant pain in the left hand with any gripping, grasping, writing, or typing activities. The exam on this report also shows decreased grip strength on the left when compared to the right. Relevant treatments have included ligament reconstruction of the left hand (2014), physical therapy (PT), injections, work restrictions, and pain medications (hydrocodone-acetaminophen 10-325mg since 02-16-2015). The request for authorization that was received by the utilization review (UR) on 08-20-2015 was not available for review, nor were any of the progress notes for that date of service. The UR letter shows that the following medication was requested on 08-20- 2015: hydrocodone-acetaminophen 10-325mg #30. The original UR (09-01-2015) denied the request for hydrocodone-acetaminophen 10-325mg #30 based on opioids are not recommended for long-term chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/acetaminophen 10/325 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydrocodone/acetaminophen 10/325 mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are dysarthrosis; left-hand pain; and subluxation MCP joint left little digit sequela. Date of injury is October 11, 2011. Request for authorization is August 20, 2015. According to a qualified medical examination (QME), dated March 17, 2015, hydrocodone/APAP was prescribed as far back as March 25, 2014. According to a progress note dated February 16, 2015, tramadol was started in conjunction with hydrocodone/APAP. There is no contemporaneous clinical documentation on or about the date of request for authorization (August 20, 2015). According to progress note after the request for authorization dated September 8, 2015, the injured worker presents with a complaint of hand pain. Pain score is 5/10 with tenderness. Objectively, there is mild swelling at the fifth digit with moderate tenderness. The documentation does not demonstrate objective functional improvement to support ongoing hydrocodone/APAP. Additionally, the injured worker is taking tramadol in conjunction with hydrocodone/APAP and a nonsteroidal anti-inflammatory drug. There are no detailed pain assessments or risk assessments in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments of risk assessments and no attempt at tapering hydrocodone/APAP, hydrocodone/acetaminophen 10/325 mg #30 is not medically necessary.