

Case Number:	CM15-0177392		
Date Assigned:	09/28/2015	Date of Injury:	07/13/2005
Decision Date:	11/03/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/09/2015

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: Arizona, California

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 is a 63 year old male, who sustained an industrial injury on 07-13-2005. The injured worker is currently working regular duty. Medical records indicated that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome and cervical disc disorder with myelopathy. Treatment and diagnostics to date has included medications. Current medications include Gabapentin, Zorvolex, and Hydrocodone-Acetaminophen (10-325mg, 1 tablet 4 times a day). After review of progress notes dated 07-15-2015 and 08-12-2015, the injured worker reported neck and arm pain stating he is "able to work when he takes the medications, but he is working 12 hours per day." The treating physician noted that the injured worker "takes 8 Hydrocodone 10 per day and that allows him to work. The Gabapentin helps as well." Objective findings included bilateral thumb and hand tenderness, decreased grip strength, and decreased cervical range of motion. The request for authorization dated 08-12-2015 requested Hydrocodone 10-325mg 1 tablet by mouth every 3 hours as needed for pain #240 and Gabapentin. The Utilization Review with a decision date of 08-20-2015 denied the request for Hydrocodone 10-325mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #240: 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, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone several months. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Hydrocodone is not medically necessary.