

Case Number:	CM15-0024744		
Date Assigned:	02/17/2015	Date of Injury:	02/07/2009
Decision Date:	04/03/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/09/2015

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: New Jersey

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 37 year old male who sustained an industrial related injury on 2/6/09 while moving printing press plates. The injured worker had complaints of tingling in the left upper extremity and difficulty extending and flexing his arm. Diagnoses included ulnar neuropathy and epicondylitis. Treatment included ulnar nerve surgery in 2009, post-operative rehabilitation, and a left ulnar reconstruction on 2/1/14. Medications included Hydrocodone/APAP, Naproxen, Xanax, and Restoril. The treating physician requested authorization for Hydrocodone APAP 10/325mg #180. On 2/4/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the medical reports do not note objective measures or functional benefit with this medication regimen. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 MG 1 Tab Every 4 Hours As Needed Qty #180 with No Refills:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, following his recent ulnar nerve surgery on 12/1/14, he reported continual pain but somewhat controlled by his medications, which included naproxen, hydrocodone, Xanax, and Restoril. However, there was no recent report on any specific and measurable functional gains and pain reduction (measurable) directly related to the regular hydrocodone use. Also, the worker had admitted to abusing his Xanax, which puts him at a higher risk of abusing his hydrocodone in the future. Therefore, considering these factors, the hydrocodone will be considered medically unnecessary. Weaning may be indicated.