

Case Number:	CM15-0065513		
Date Assigned:	04/13/2015	Date of Injury:	05/04/2010
Decision Date:	05/12/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/06/2015

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, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old male, who sustained an industrial injury on May 4, 2010. He reported a partial left ring finger amputation and multiple left hand injuries. The injured worker was diagnosed as having posttraumatic stress disorder, chronic pain syndrome, and chronic pain due to trauma. Treatment to date has included x-rays, urine drug screening, 3 hand surgeries, physical therapy, home exercise program, paraffin dips, psychiatric care, a glove for warmth, and medications including oral pain, topical pain, antidepressant, anti-epilepsy, and non-steroidal anti-inflammatory. On March 10, 2015, the injured worker complains of unchanged left hand pain, which is described as aching. His pain is worse in cold or rainy weather. His pain medication is significantly helpful to decrease his pain so that he can use his hand more. The paraffin dips are helpful. His medications allow him to do his strengthening exercises. His pain is rated 8 out of 10 without medications, and 2-4 out of 10 with medications. He still has some depression without suicidal ideations. He was wearing a glove today. The physical exam revealed mild contractures of the web space, full extension of the fingers, fourth finger amputated with decreased sensation at the tip, allodynia in the web space and thumb, and full grip strength bilaterally. The treatment plan includes continuing the opioid pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Hydrocodone. Hydrocodone was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Hydrocodone 10/325mg #120 is not medically necessary.