

Case Number:	CM15-0065579		
Date Assigned:	04/13/2015	Date of Injury:	03/07/2014
Decision Date:	05/18/2015	UR Denial Date:	03/13/2015
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: 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 28 year old male, who sustained an industrial injury on March 7, 2014. The injured worker has been treated for chronic back pain and a left radius and ulnar fracture. The diagnoses have included a left forearm radius and ulnar fracture, pain psychogenic and status post open reduction and internal fixation (ORIF) healing with residuals. Treatment to date has included medications, radiological studies, physical therapy, psychological testing and left upper extremity surgery. Current documentation dated February 27, 2015 notes that the injured workers current complaints include chronic back and left upper extremity pain. He also noted numbness and tingling in the left arm, especially over the scar. Examination of the left upper extremity revealed an extensive keloid scar, tenderness and a decreased range of motion of the left wrist. The injured worker was noted to walk with an antalgic gait. The treating physician's plan of care included a request for retrospective Hydrocodone Bit/APAP 10/325mg #45 and Hydrocodone Bit/APAP 10/325mg # 30. The injured worker is not working. The medical records indicate the injured worker has received medications from several providers. He has reported losing prescriptions and urine drug screen has been positive for THC without the injured worker having a medical marijuana license.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone Bit/APAP 10/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS guidelines state that opioids should be discontinued if there has been a violation of the pain contract. The medical records indicate the injured worker has received medications from several providers. He has reported losing prescriptions and urine drug screen has been positive for THC without the injured worker having a medical marijuana license. In addition, in order to support continuation of opioids, the MTUS state that there should be evidence of improvement in pain and function. In this case, there is no evidence of improvement in function and the injured worker remains out of work. The request for Retrospective Hydrocodone Bit/APAP 10/325mg #45 is not medically necessary and appropriate.

Retrospective Hydrocodone Bit/APAP 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS guidelines state that opioids should be discontinued if there has been a violation of the pain contract. The medical records indicate the injured worker has received medications from several providers. He has reported losing prescriptions and urine drug screen has been positive for THC without the injured worker having a medical marijuana license. In addition, in order to support continuation of opioids, the MTUS state that there should be evidence of improvement in pain and function. In this case, there is no evidence of improvement in function and the injured worker remains out of work. The request for Retrospective Hydrocodone Bit/APAP 10/325mg #45 is not medically necessary and appropriate.