

Case Number:	CM13-0016132		
Date Assigned:	10/11/2013	Date of Injury:	02/12/2002
Decision Date:	01/15/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 64-year-old female who reported a work related injury on 08/25/2005. The patient began having pain in her fingers, wrists, and her shoulder. She was diagnosed with carpal tunnel syndrome and has had two surgeries on each hand. The patient also had surgery on her left shoulder for a rotator cuff injury. MRI of the cervical spine dated 01/22/2013 revealed degenerative change with mild dural compression at C3 through C7 and mild neural foraminal stenosis at C5-6 and C6-7. The patient has undergone physical therapy. Her medications include Vicodin three times per day, Motrin 800 mg, three times per day, vitamin C 1 per day, and calcium supplement 1 per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On Going Management Section Page(s): 78.

Decision rationale: The most recent clinical note submitted dated 09/05/2013 indicated the patient presented with neck pain, left hand and wrist pain, right shoulder pain, and left thumb and

ring finger, painful catching and locking. The patient used Motrin and Vicodin and a TENS unit for her pain management. Physical exam revealed tenderness to palpation of the left paracervical, levator scapula, medial trapezius, and parascapular muscles with positive left levator scapula, and left trapezius muscle spasm. The patient had a positive Spurling's sign. Reflexes, motor strength, and sensation were within normal limits. Physical exam of the right knee revealed positive patellofemoral compression, patellofemoral crepitation, Apley's and McMurray's sign. Motor exam, sensations, and circulation were all within normal limits of the bilateral lower extremities. The patient's diagnoses included moderate cervical foraminal stenosis at C5-6 on the left, status post release of left thumb, index, and ring trigger fingers, left shoulder impingement syndrome, status post right hand surgery, cervical strain, and overuse of right hand. Physical therapy and occupational therapy was recommended for the patient. California Chronic Pain Medical Treatment Guidelines indicate an ongoing review of documentation of pain relief, functional status, appropriate medication use, and side effects should be documented for patients using opioids. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is a lack of documentation noting the patient's functional benefits which could be objectively measured due to the use of hydrocodone. There was also a lack of a pain scale for the patient, in which she documented her pain relief before and after taking the medication. There was no documentation stating the patient's decrease pain, increased level of function, or improved quality of life due to being treated with an opioid per guideline criteria. As such, the request for Vicodin 5/500 mg quantity 120 is non-certified.