

Case Number:	CM13-0019123		
Date Assigned:	11/08/2013	Date of Injury:	10/05/2009
Decision Date:	08/01/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/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 injured worker is a 46-year-old female who was reportedly injured on 10/5/2009. The mechanism of injury was a slip and fall. The most recent progress note, dated 7/24/2012, indicated that there were ongoing complaints of right shoulder, elbow and wrist pains. The physical examination demonstrated that the right elbow was positive cozen sign, positive tenderness to palpation at lateral epicondyle and full range of motion. The right wrist demonstrated positive phalen's, positive Tinnel's and positive tenderness to palpation at flexor/extensor compartment. No recent diagnostic studies were available for review. The previous treatment included medication such as Neurontin, hydrocodone, naproxen, Prilosec and a transcutaneous electrical nerve stimulation unit, A request had been made for Vicodin 5/500 mg, 60 tabs and was not certified in the pre-authorization process on 8/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500, 60 TABS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG MEDICATION-OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78.

Decision rationale: Vicodin is a short-acting opioid combined with acetaminophen. The California MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. The management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. The claimant suffered from chronic pain since 2009; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.