

Case Number:	CM13-0034056		
Date Assigned:	12/06/2013	Date of Injury:	10/16/2009
Decision Date:	05/06/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/17/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

By way of history, the claimant is a 51-year-old female with accepted injuries of soft tissue neck injury with date of injury of 10/16/09. She is currently working full duty with ergonomic work station. She is under the care of [REDACTED]. Significant medical records were reviewed with regard to her appointments with [REDACTED]. This request has been previously denied for multiple reasons based on current California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN ES 7.5/750MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT, Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2ND EDITION 2004.

Decision rationale: Upon review of the medical records provided as well as the current accepted California MTUS Guidelines, the guidelines recommend assessment of documented pain relief, functional status, and appropriate use of medication and side effects. Although there is documentation in the medical records that urine drug testing has been performed, there is lack of documentation in terms of pain relief or functional status with regard to utilization of Vicodin.

Additionally, utilization of 750 mg of acetaminophen dosing clearly puts the claimant at risk with excessive amounts of acetaminophen per day at four time per day dosing per FDA guidelines. There is no evidence of any new information provided in reports available for review to demonstrate again functional status and documented pain relief with regard to ongoing utilization of this medication. As such, and based on current California MTUS Guidelines, the request for Vicodin ES 7.5/750 with 120 pills cannot be deemed medically reasonable at this point.