

Case Number:	CM13-0063299		
Date Assigned:	12/30/2013	Date of Injury:	09/07/2010
Decision Date:	08/06/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 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 44-year-old male who was reportedly injured on September 7, 2010. The mechanism of injury is noted as a fall off a scaffolding. The most recent progress note, dated September 3, 2013, indicates that there are ongoing complaints of low back pain, left elbow pain, and numbness along the ulnar border of the left arm. No physical examination was conducted on this date. Diagnostic nerve conduction studies were normal for the lower extremities. Treatment included a refill of Vicodin, and a left elbow magnetic resonance image. Prior treatment has included acupuncture. Surgery for the left upper extremity was recommended. A request had been made for Vicodin and was not medically necessary in the pre-authorization process on November 25, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF VICODIN 5/500 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78 OF 127.

Decision rationale: The most recent progress note dated September 3, 2013, and other notes prior to that do not indicate any efficacy that the injured employee has experience from the use of Vicodin. There is no documentation of objective pain relief, or its ability to help the injured employee function and perform activities of daily living. Without this information this request for Vicodin is not medically necessary.