

Case Number:	CM13-0068428		
Date Assigned:	01/03/2014	Date of Injury:	05/12/2004
Decision Date:	03/27/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/19/2013

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 PM&R, 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:

This 60 year-old female sustained an injury on 5/12/04. Requests under consideration include Vicodin 5/500 mg, QTY: 120 and 1 MRI. Report of 11/25/13 from provider noted the patient with continued neck and right upper extremity pain with tingling and hypersensitivity. Exam showed tender cervical paraspinals, trapezius spasm, decreased cervical spine range of motion, hypersensitivity of the right upper arm with mild generalized swelling. Diagnoses included complex regional pain syndrome of the right upper extremity, right knee medial lateral meniscus tear, and tricompartmental osteoarthritis. Conservative treatment has included medications, cervical epidural steroid injections, stellate ganglion block, bilateral carpal tunnel release, acupuncture, physical therapy, and chiropractic care. On 12/10/13, request for Vicodin of #120 was modified for #84 while the MRI was non-certified citing guidelines criteria and lack of medical necessity

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500 mg QTY: 120: Upheld

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

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

Decision rationale: This 60 year-old female sustained an injury on 5/12/04. Requests under consideration include Vicodin 5/500 mg, QTY: 120 and 1 MRI. Report of 11/25/13 from provider noted the patient with continued neck and right upper extremity pain with tingling and hypersensitivity. Exam showed tender cervical paraspinals, trapezius spasm, decreased cervical spine range of motion, hypersensitivity of the right upper arm with mild generalized swelling. Diagnoses included complex regional pain syndrome of the right upper extremity, right knee medial lateral meniscus tear, and tricompartmental osteoarthritis. Conservative treatment has included medications, cervical epidural steroid injections, stellate ganglion block, bilateral carpal tunnel release, acupuncture, physical therapy, and chiropractic care. On 12/10/13, request for Vicodin of #120 was modified for #84 while the MRI was non-certified citing guidelines criteria and lack of medical necessity. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Vicodin 5/500 mg, QTY: 120 is not medically necessary and appropriate