

Case Number:	CM14-0000693		
Date Assigned:	01/17/2014	Date of Injury:	08/06/2012
Decision Date:	06/06/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine 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:

According to the documentation made available for review, the claimant is a 36 year old female with date of injury of 8/6/12. There is documentation on 11/15/13 of subjective severe pain in the bilateral wrists for 9-12 months. There is documentation of normal muscle strength in the hands and wrists decreased light touch in the dorsal first web space (hand not specified) and a positive Finklestein's test post operatively. At that time Vicodin #90 was requested with one refill. A prior IME on June 20, 2013 noted significant symptom magnification. There was no documentation presented for December 2013. The patient underwent endoscopic carpal tunnel release and De Quervain's release in September of 2013 with no documented improvement in pain symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 7.5/750, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 81, 89.

Decision rationale: The claimant has tested positive at various times in the last year for hydromorphone and Oxycodone, which were not prescribed, and sometimes for Hydrocodone, which was prescribed. The patient does not need 90 Vicodin if she is not using it. The Chronic Pain guideline states that the number of opioids should be limited, generally advocating monotherapy. In addition, this is a violation of an opioid treatment agreement. The claimant also has not experienced substantial improvement in pain with use of opioids or post-surgically. There is no documentation of functional improvement and systematic reviews do not document improvement of chronic pain with opioids. The request is not medically necessary or appropriate.