

Case Number:	CM14-0004777		
Date Assigned:	02/05/2014	Date of Injury:	11/14/2006
Decision Date:	06/20/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine and Rehabilitation 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 49-year-old female who reported an injury on 11/14/2006. The diagnosis is carpal tunnel syndrome. The injured worker's medication history included Vicodin 5/500, Zolpidem 10 mg and Voltaren gel as of 2012. The documentation of 12/10/2013 revealed the injured worker had complaints of neck pain, bilateral shoulder pain, and bilateral upper extremity pain and numbness. The injured worker's pain without medications was 9/10 to 10/10 and with the help of medications it was 6/10 to 7/10. The injured worker indicated the medication makes pain tolerable without side effects. The injured worker denied illicit drug abuse. The physician indicated the injured worker had been compliant with the medication. The treatment plan included Gabapentin 300 mg at bedtime for 3 days and then increase it to 300 mg 3 times a day over a 2 week period. It was indicated the injured worker should continue on Vicodin 5/500 two times a day as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant behavior drug behavior and side effects. The clinical documentation indicated the injured worker had been utilizing the medication for greater than 1 year. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant behavior, had no side effects, and had an objective decrease in pain. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency and the quantity of medication being request. Given the above, the request for Vicodin 5/500 mg is not medically necessary.