

Case Number:	CM14-0013424		
Date Assigned:	02/26/2014	Date of Injury:	04/28/2009
Decision Date:	07/24/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 61-year-old female who has submitted a claim for lumbosacral neuritis, and bilateral carpal tunnel syndrome associated with an industrial injury date of April 28, 2009. Medical records from 2013 were reviewed. The patient complained of back pain. Physical examination of the lumbar spine revealed tenderness, and restricted range of motion. Tenderness and weak grip strength were likewise present at the left thumb. Treatment to date has included left thumb tenovagotomy, left carpal tunnel release, home exercise program, and medications such as ibuprofen, Flexeril, and Vicodin (since August 2013).

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF VICODIN 5/300 MG #60 WITH 2 REFILLS FOR THE LEFT THUMB: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are four domains for ongoing monitoring of opioid use: pain relief, side effects,

physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Vicodin since August 2013 based on the progress reports submitted. However, the exact date of initial opioid intake is unknown given that the industrial injury occurred on 2009. Moreover, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. The medical necessity was not established due to insufficient information. Therefore, the request is not medically necessary.