

Case Number:	CM14-0014635		
Date Assigned:	02/28/2014	Date of Injury:	08/15/2008
Decision Date:	07/17/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/05/2014

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 Neurological 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 records presented for review indicate that this 42-year-old individual was injured in August, 2008. The record reflects a previous non-certification for this medication. It is noted in the documents reviewed that this medication has been taken for more than 18 months. There are reports of ongoing pain, severe at times, and a "flare-up" of symptoms in the right shoulder and upper extremity. A previous trial of a TENS unit was completed in August 2013. The current diagnoses include right shoulder impingement (status post arthroscopy), carpal tunnel syndrome, and a sprain/strain of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION- VICODIN 5/300MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chronic Pain- Opioids & ODG: Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Specific Drug List Page(s): 86, 91.

Decision rationale: Hydrocodone/acetaminophen 5/300 is a short-acting opioid combined with acetaminophen. The MTUS has specific recommendations for the use of opioids to treat chronic

pain. There is no documentation of an opioid agreement, urine drug screening protocols, noted efficacy, decrease in pain complaints, and no return to work; all of which are recommended in the MTUS. The ongoing use of this medication is not medically necessary.