

Case Number:	CM14-0019805		
Date Assigned:	04/28/2014	Date of Injury:	11/22/2010
Decision Date:	07/08/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in Pennsylvania. 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 claimant is a 69-year-old female injured in a work-related accident on November 22, 2010. A progress report dated February 12, 2014, indicates a current diagnosis of left carpal tunnel syndrome status post right carpal tunnel release, cervicothoracic sprain, bilateral shoulder impingement, anxiety/depression, and history of headaches. Subjectively on that date, there was noted to be continued complaints of neck pain with radiating pain to the shoulders, headaches, dizziness, noise and light sensitivity, and difficulty sleeping. Objective findings revealed positive impingement of the shoulders bilaterally, a healed incision from prior right carpal tunnel release, positive Phalen's testing on the left, and cervical spasm with palpation. Recommendations at that time were for referral for psychological evaluation, continued use of medications to include Norco and Motrin, and a request for surgical intervention for the left carpal tunnel. This review request is for Vicodin ES.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN ES: 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): 79-80.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued prescription for Vicodin in this case would not be indicated. The records indicate the claimant continues to describe pain as being 9 on a 10-point VAS Pain Scale and report significant complaints of headaches, dizziness, sensitivity to light and noise, and difficulty sleeping. The records do not indicate any degree of benefit with recent narcotic usage. The Chronic Pain Guidelines recommend continued use of narcotics only if demonstrated benefit in terms of activities and progression of function is noted. This individual demonstrates no significant benefit with use of this agent. The request, therefore, would not be supported.