

Case Number:	CM14-0111166		
Date Assigned:	08/01/2014	Date of Injury:	02/17/2006
Decision Date:	11/06/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/16/2014

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 60-year-old male who sustained an injury on 02/17/06. As per 7/3/14 report, he had pain and swelling on the right hand with pain in his long finger and ring finger of the right hand. He also had some intermittent right shoulder pain and also neck pain. Objective findings revealed positive de Quervain tenosynovitis. There was tenderness of the flexor tendons of the ring and long fingers of the right hand with some tender nodules. There was some supraspinatus tenderness on the right shoulder. Hawkins test and Neer test were positive on the right shoulder. There was some right trapezius tenderness. He is status post cervical surgery. Current medications include Vicodin and Voltaren gel. He has been on medical Marijuana prophylactically to protect himself from glaucoma. He had a cortisone injection in October 2013, which helped reduce the right shoulder pain. He did not return to work. He takes the Vicodin primarily for his neck pain. Diagnoses include status post right thumb trigger finger release, intermittent right hand index finger trigger finger; chronic right de Quervain tenosynovitis, status post left thumb trigger finger release, chronic B/L shoulder sprain, chronic cervical pain, history of bilateral carpal tunnel and status post bilateral carpal tunnel release, chronic depression, intermittent bilateral lateral epicondylitis; and tenosynovitis of the long and ring fingers of the right hand. The request for Vicodin 5/300mg Qty:120 with 1 refill received a modified certification to allow the patient this one refill for the purpose of weaning to discontinue, with a reduction of MED by 10-20% per week over a weaning period of 2-3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5-300mg, #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 91.

Decision rationale: Vicodin (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. In this case, the medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen. There is no mention of ongoing attempts with non-pharmacologic methods of pain management, such as home exercise program. There is no documentation of return to work or any significant improvement in pain level (i.e. VAS (visual analog scale)) or function with prior use to demonstrate the efficacy of this medication. Weaning was previously recommended. Therefore, the medical necessity for Vicodin has not been established based on guidelines and lack of documentation.