

Case Number:	CM14-0132385		
Date Assigned:	08/22/2014	Date of Injury:	02/17/2006
Decision Date:	10/30/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/19/2014

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 Internal Medicine 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 59-year-old man that sustained an injury to his right shoulder on February 17 of 2006 as a direct result of a prior injury to his hands. The patient had a right trigger finger release, cervical spine surgery, left shoulder surgery, right shoulder surgery, right carpal tunnel release, and postoperative physical therapy. He complains of pain and swelling of the right hand area he states the pain is in his long finger and ring finger of the right hand. He denies pain in the wrists and complains of intermittent right shoulder pain. He also complains of neck pain. Objective findings are notable for DeQuervain's tenosynovitis. There was tenderness of the flexor tendons of the ring and long finger of the right hand with some tender nodules. The left hand was non-tender. There was supraspinatus tenderness of the right shoulder. It was right trapezius tenderness. The patient was not working. A review of the medical record shows a history of monthly Vicodin prescriptions through the present. The current diagnoses are status post right thumb trigger finger release; intermittent right-hand index finger trigger finger; chronic right De Quervain's tenosynovitis; status post left thumb trigger finger release; chronic left shoulder sprain; chronic right shoulder sprain; chronic cervical pain status post cervical surgery; status post bilateral carpal tunnel release; chronic depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoden 50/300 mg 1 po q 6 hrs # 120 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids; pages 88-96 Page(s): 88-96.

Decision rationale: Pursuant to the California MTUS guidelines pages 88 through 96, Vicodin 50/300 mg one by mouth every six hours, #120 prescription is not medically necessary. The guidelines address long-term use of opioids (Vicodin). With reference to this patient, diagnoses have not changed over the prior six months. Additionally, there is no evidence of functional improvement in the clinical status of the patient as a result of taking Vicodin. There were no adverse effects noted in the medical record specifically referencing constipation, headache or dizziness. There was no attempt to reduce the dose or taper the dose of Vicodin in the medical record despite the patient's frequent renewals of Vicodin. Moreover, patients taking Vicodin long-term are at risk for opiate dependence. There was no medical documentation to support any patient discussions regarding the possibility of opiate dependence. There were no steps taken per the documentation in the medical record to avoid misuse and/or addiction (of Vicodin). For example, there was no opiate therapy contract discussions, there was no limitation of prescribing Vicodin prescriptions, there were no clinical evaluations including questions about potential addiction in the medical record nor was there careful documentation to support the use of opiates in the medical record. Based on the clinical information in the medical record and the CA MTUS guidelines, the Vicodin 50/300mg, one by mouth, #120 is not medically necessary.