

Case Number:	CM14-0151494		
Date Assigned:	09/19/2014	Date of Injury:	08/18/2009
Decision Date:	10/21/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/17/2014

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 & 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:

This is a 48-year-old female with an 8/18/09 date of injury. A specific mechanism of injury was not described. According to a 5/7/13 agreed medical evaluation report, the patient reported that her pain was primarily at the base of the right thumb, increasing discomfort, numbness, and tingling with prolonged holding and grasping. She stated that she takes a half of a Vicodin once or twice a week, with minimal help. Objective findings: diminished mobility bilaterally at the wrists, positive Tinel's sign on the right with painful paresthesias into the thumb and index finger. Diagnostic impression: status post left lateral release for de Quervain's tenosynovitis with persistent symptoms; status post left carpal tunnel release, right hand and wrist pain with numbness and tingling in the right hand. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 8/22/14 modified the request for Vicodin #90 with 2 refills to Vicodin #90 with zero refills. If the patient needed refills in a short period of time, she would have to be seen for a re-examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 mg, #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The most recent report provided for review is dated 5/7/13. However, in that note, the patient stated that Vicodin was of minimal help. Without recent medical records to evaluate the patient's current condition, the medical necessity of Vicodin cannot be established. Therefore, the request for Vicodin 5/300 mg, #90 with 2 refills was not medically necessary.