

Case Number:	CM14-0153868		
Date Assigned:	09/23/2014	Date of Injury:	03/08/2007
Decision Date:	12/16/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/21/2014

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 Occupational and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in West Virginia and Ohio. 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 individual is a 41 year old female who sustained an industrially related injury on March 8th, 2007 involving her right upper extremity. She has ongoing complaints of pain and edema to the right upper extremity with frequent "flares." The most recent physical examination (10/23/14) provided in the available medical record notes; no acute distress and an anxious and depressed affect, a normal gait is noted but there is little else included in this examination. The duration of use of medications is not included in the available records, the records notes an improvement of function secondary to medication use but do not define this improvement. This request is for Vicodin ES 7.5mg /300mg #120, 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5mg /300mg 1 tab 4-6H PRN #120, refills-2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Opioids; Forearm, wrist, hand opioids

Decision rationale: Vicodin is the brand name version of hydrocodone and acetaminophen, which is considered a short-acting opioid. Official Disability Guidelines (ODG) does not recommend the use of opioids for shoulder (forearm) pain "except for short use for severe cases, not to exceed 2 weeks." The exact date of Vicodin initiation is not available in the record but the request at hand exceeds this 2 week recommendation. California Medical Treatment Utilization Schedule (MTUS) does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. "The treating provider has not adequately documented the above criteria, to include objective changes in functional level. Further as the DEA has moved hydrocodone containing products to schedule II, they may not now be written with refills. As written the request for Vicodin ES 7.5mg /300mg 1 tab 4-6H PRN #120, refills-2; is deemed not medically necessary.