

Case Number:	CM14-0155997		
Date Assigned:	09/25/2014	Date of Injury:	10/27/2005
Decision Date:	11/13/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/23/2014

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 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:

This patient is a 59 year-old male with date of injury 10/27/2005. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/31/2014, lists subjective complaints as pain in the right shoulder and bilateral hands. Objective findings: Examination of the right hand was positive for Finkelstein test and de Quervian tenosynovitis. Tenderness of the flexor tendons of the ring and long fingers of the right hand with some tender nodules. No tenderness was noted in the left hand. Some supraspinatus tenderness of the right shoulder. Hawkin's test and Neer's test were positive on the right. Some right trapezius tenderness. Anteflexion of the head on the neck allowed for 30 degrees of flexion. Extension was 20 degrees, rotation on the left was 60 degrees, and to the right was 60 degrees. Diagnosis: 1. Status post right thumb trigger finger release on 11/01/2012 2. Intermittent right hand index finger trigger finger 3. Chronic right de Quervian tenosynovitis 4. Status post left thumb trigger finger release 5. Chronic left shoulder strain 6. Chronic right shoulder strain 7. Chronic cervical pain 8. Status post bilateral carpal tunnel release 9. History of bilateral carpal tunnel 10. Depression 11. Medical marijuana 12. Intermittent bilateral epicondylitis 1. Tenosynovitis of the long and ring fingers of the right hand. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months. Medications: 1. Vicodin 5/300mg, #90 SIG: 1 po q6h.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #90 2 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Vicodin 5/300mg #90 2 days is not medically necessary.