MAXIMUS Federal Services

Case Number:	CM14-0037199		
Date Assigned:	06/25/2014	Date of Injury:	09/11/2012
Decision Date:	08/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/27/2014

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 is a 57-year-old male with a 9/11/12 date of injury. The mechanism of injury was not noted. According to a 2/6/14 RFA note, the patient complained of intermittent bilateral hand numbness and neck pain. Objective findings: with direct palpation to the paracervical muscles, trapezius muscle and medial scapular border, there is minimal noted tenderness, spasm and guarding; muscle strength on the left is 4/5 and 5/5 on the right; normal sensation to touch of the upper extremities. Diagnostic impression: Cervicalgia.Treatment to date: medication management, activity modification, acupunctureA UR decision dated 3/14/14 denied the request for Vicodin. The patient is noted to have last received this medication in August of 2013. On 3/7/14, the doctor noted ongoing neck pain and bilateral hand pain/numbness. The doctor noted a need for Vicodin as the Voltaren was not enough for pain relief. There was not enough information to determine medical necessity for the requested opioid medication. There was no documented pain scale or discussion for what activities the patient can no longer participate in that require restart narcotic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88, 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), formulary.

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

Decision rationale: CA 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 previous UR note dated 3/14/14 referred to a 3/7/14 progress note discussing Vicodin being requested because Voltaren was not helping with the patient's pain. However, that note was not provided for review. According to the reports reviewed, the patient was taking Vicodin according to a 10/31/13 progress note. It is unclear if the patient has been taking Vicodin continuously or if the physician is requesting Vicodin as a new prescription. In addition, there is no documentation of functional improvement or improved activities of daily living with Vicodin use. Therefore, the request for Vicodin 5-300 mg #60 was not medically necessary.