

Case Number:	CM14-0060728		
Date Assigned:	07/09/2014	Date of Injury:	05/19/2004
Decision Date:	08/21/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/01/2014

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:

The patient is a 65 year-old male with date of injury 05/19/2004. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/06/2013, lists subjective complaints as ongoing discomfort within the right hand. Objective findings: physical examination revealed no intrinsic or thenar atrophy. Tinel's and Phalen's were negative. Mild loss of wrist motion secondary to continued wrist-splint use was noted. Diagnosis are: 1. Right carpal tunnel syndrome 2. Right rotator cuff tear. The patient has been treated for a chronic pain and has been prescribed opioids and NSAIDs over the course of many years. The previous utilization review physician modified that the patient's Vicodin prescription to allow weaning. Medication include Vicodin 5/500mg, #40 SIG: one tablet q6hr.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Pages 74-94 Page(s): 74-79.

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 Vicodin, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Therefore, the request for Vicodin 5/500mg is not medically necessary and appropriate.