

Case Number:	CM14-0196100		
Date Assigned:	12/04/2014	Date of Injury:	01/29/2013
Decision Date:	01/23/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal 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 injured worker (IW) is a 61-year-old female with a date of injury of June 29, 2013. The mechanism of injury was not documented in the medical record. The injured worker's current working diagnoses are right carpal tunnel syndrome; right thumb osteoarthritis; and repetitive strain injury. Pursuant to the progress note dated October 21, 2014, the IW had been released to work without using the right hand. The hand was edematous and sore. The IW was unable to use it effectively. The treatment plan included Vicodin and Ibuprofen. Documentation indicated that the IW has been taking Vicodin since at least June of 2014. Documentation also indicated that the IW is taking Nucynta 50mg, also a narcotic from a different provider. The IW has been taking Nucynta since at least July of 2014. There were no detailed pain assessments or documentation of objective functional improvement associated with the long-term use of Vicodin. The current request is for Vicodin 5/325mg ##60 with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/325mg #60 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Vicodin 5/325 mg #60 with 4 refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic narcotic use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the date of injury is June 27, 1987. The injured worker's working diagnoses are right carpal tunnel syndrome; right thumb osteoarthritis and repetitive strain injury. The documentation indicates the injured worker is taking Vicodin as far back as June 2014. The documentation is unclear whether this is a refill or an initial prescription. Additionally, the injured worker is taking Nucynta (an opiate). There is no documentation/clinical rationale in the medical record explaining why two opiates are being prescribed concurrently. Additionally, there is no documentation with objective functional improvement in the medical record regarding the opiate use (Vicodin and Nucynta). There are no detailed pain assessments in the medical record. Consequently, absent the appropriate clinical documentation with objective functional improvement, and pain assessments, Vicodin 5/325#60 with four refills is not medically necessary.