

Case Number:	CM14-0208604		
Date Assigned:	12/22/2014	Date of Injury:	11/09/1999
Decision Date:	02/10/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/12/2014

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 Family Practice 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 49 yr. old female claimant who sustained a work injury from January 1998 to July 2000 involving the neck, bilateral knees and bilateral wrists. She underwent a index and long trigger finger release in 2003 as well as bilateral cubital tunnel release in 2009 and 2010. Additionally she was diagnosed with cervical and thoracic strain. She has been on Vicodin and Ultram for pain since at least 2009. A progress note on April 15, 2010 indicated claimant had persistent pain in the left arm, both knees and neck. Exam findings were notable for tenderness in the cervical musculature, crepitation in the left knee, Tinel's sign in the right wrist and elbows and surgical scars in both hands. The claimant remained on Vicodin for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES TAB 7.5-300 1 po bid #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78, 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Vicodin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic

back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use and a long term-use has not been supported by any trials. In this case, the injured worker had been on Vicodin for over a year along with another opioid. There was no indication of Tylenol or non-steroidal anti-inflammatory drugs (NSAIDs) failure as well as no indication for combining opioids. Therefore, this request is not medically necessary.