

Case Number:	CM14-0217692		
Date Assigned:	01/07/2015	Date of Injury:	11/21/2006
Decision Date:	02/28/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 54 year old female with a work related injury dated 01/01/1985. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a physical therapy evaluation dated 12/03/2014, the injured worker presented with complaints of pain in left thumb and forearm with occasional numbness in left index and thumb. Diagnoses included right ulnar nerve carpal tunnel syndrome. Treatments have consisted of carpal tunnel release in 2007, physical therapy, and medications. Physical therapy treatments included phonophoresis, joint mobilization, electrical stimulation, ultrasound, and myofascial release. Diagnostic testing included electromyography which was positive for ulnar nerve carpal tunnel syndrome. Work status was not noted in received medical records. On 12/23/2014, Utilization Review non-certified the request for 60 tablets of Vicodin 5-300mg citing California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines. The Utilization Review physician stated documented functional improvement with the continued use of the medication in terms of pain relief and performance of activities of daily living was not noted. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Vicodin 5/300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: 60 tablets of Vicodin 5/300mg is not medically necessary per the Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for 60 tablets of Vicodin 5/300mg is not medically necessary.