

Case Number:	CM15-0104568		
Date Assigned:	06/08/2015	Date of Injury:	11/14/2010
Decision Date:	07/09/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/01/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a year old female, who sustained an industrial injury on 11/14/10. She reported initial injury to neck, arm, wrist, shoulder and back. The injured worker was diagnosed as having lateral epicondylitis; post-surgical states NEC; brachial neuritis NOS; lumbosacral Neuritis NOS; Lumbar root injury; Carpal tunnel syndrome. Treatment to date has included cervical epidural steroid injection (11/10/14); urine drug screening; medications. Currently, the PR-2 notes dated 4/23/15 are hand written and are difficult to decipher. These notes indicated the injured worker complains of neck pain that is constant. The pain is at a level 9/10 and taking Advil to decrease the pain. Back pain is about the same with severe pain. Pain level is 8/10 and radiates into the left leg causing numbness. The left shoulder pain is at 9/10 with no change and constant pain. The left elbow is the same with no change and pain level is at 8/10. The left wrist is with numbness and swelling and no change. Under the "Objective Findings" the provider writes tenderness noted with left grip strength limited. There is tenderness at the lumbar and cervical spine. The treatment plan includes a custom lumbar brace for daily use. And re-evaluate her in 30 days. The provider is requesting Vicodin 7.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long term use of Opiates.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Vicodin 7.5mg, #90 is not medically necessary and appropriate.