

Case Number:	CM15-0033619		
Date Assigned:	02/27/2015	Date of Injury:	08/11/1999
Decision Date:	04/06/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/23/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 61 year old female, who sustained an industrial injury on 8/11/1999. The diagnoses have included chronic left knee pain, status-post left carpal tunnel release with chronic pain, chronic right ankle pain status-post surgery, and chronic left elbow pain status- post lateral release. Treatment to date has included home exercise and medications. Currently, the IW complains of no change in symptoms. Objective findings included ankle tenderness anteriorly and laterally with decreased dorsiflexion and plantar flexion by 10 degrees, diminished supination and pronation by 20 degrees with no laxity of the elbow, tenderness in the volar aspect and decreased grip strength of the wrist, slightly diminished wrist range of motion by 10 degrees for flexion and extension and joint line tenderness at the knee. On 2/04/2015, Utilization Review modified a request for Vicodin ES 7.5/300mg #60 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/04/2015, the injured worker submitted an application for IMR for review of Vicodin ES 7.5/300mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5/300 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid
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. Long Term-use has not been supported by any trials. In this case, the claimant had been on Vicodin since at least 8/2014 without mention of pain score or functional response. There is no indication of Tylenol or NSAID failure. The continued and long-term use of Vicodin is not medically necessary.