

Case Number:	CM15-0041811		
Date Assigned:	03/12/2015	Date of Injury:	04/26/2005
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/05/2015

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, Washington

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

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 35-year-old female who reported an injury on 04/26/2005. The mechanism of injury was not stated. The current diagnoses include shoulder pain, wrist pain, cervical spondylosis with myelopathy, lumbar degenerative disc disease, low back pain, and thoracic spine pain. The injured worker presented on 02/05/2015 for a followup evaluation with complaints of increased pain. The injured worker reported poor sleep quality and no change in the current activity level. The current medication regimen includes Dexilant, Parafon Forte, and Vicodin. It was noted that the injured worker had failed prior medications to include Prilosec, Prevacid, Neurontin, and Nucynta. The injured worker was status post left carpal tunnel release on 01/15/2013 and right carpal tunnel and ulnar release on 10/04/2012. A urine drug screen on 10/15/2012 was negative for all medications and a urine drug screen on 08/16/2010 was positive for THC and MTD. An additional urine drug screen on 07/19/2010 was again negative for all medications. Upon examination, there was restricted lumbar range of motion with 20 degree extension, 25 degree right lateral bending, paravertebral muscle tenderness and tightness, and a negative straight leg raise. The examination of the right shoulder revealed a positive Hawkin's test and tenderness in the subdeltoid bursa. Right thumb trigger finger was noted upon examination as well. Recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 02/17/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has utilized the above medication since at least 02/2014. There is no documentation of objective functional improvement. There is no evidence of any recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.