

Case Number:	CM15-0089116		
Date Assigned:	05/13/2015	Date of Injury:	10/29/1990
Decision Date:	06/15/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/08/2015

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: Massachusetts

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 55 year old female, who sustained an industrial/work injury on 10/29/90. She reported initial complaints of neck pain. The injured worker was diagnosed as having cervical pain and carpal tunnel syndrome. Treatment to date has included medication and massage strengthening exercises. Currently, the injured worker complains of intermittent cervical pain, worse with activity with occasional numbness in the right 5th finger, medial aspect of palm and right forearm. Per the neurology report on 4/2/15, examination revealed normal neck movements with no areas of tenderness power grade 4+/5 right first dorsal interosseous and abductor digit quinti, impaired touch and pinprick test. Exam was unchanged from prior exam. Current plan of care included medication for pain control. The requested treatments include Vicodin 5/500mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic neck pain and carpal tunnel syndrome. When seen, her pain level was not assessed nor was her response to the medications being prescribed. There was decreased right hand strength and sensation. Norco was refilled. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that Norco is providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Norco is not medically necessary.