MAXIMUS Federal Services

Case Number:	CM14-0117186		
Date Assigned:	09/19/2014	Date of Injury:	10/10/2003
Decision Date:	10/21/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported injury on 10/10/2013 due to a fall. The injured worker has diagnoses of discogenic cervical condition, impingement syndrome of the shoulder, epicondylitis, wrist joint inflammation, and recurrence of carpal tunnel syndrome. Past medical treatment consists of surgery, use of a TENS unit, physical therapy and medication therapy. Medications include Vicodin, Topamax, Effexor and Prilosec. There were no drug screens or urinalysis submitted for review. On 07/09/2014 the injured worker complained of pain in the left forearm and left wrist. Physical examination noted that the injured worker's pain rate was a 2/10 with medication and rest and 6/10 to 8/10 without. It was noted on physical examination that the injured worker had a flexion of the neck at 25 degrees and extension to 20 degrees. Left elbow extended to 190 degrees and flexed to 150 degrees. The injured worker was limited in range of motion of the left wrist due to pain and stiffness. The medical treatment plan was for the injured worker to continue the use of medication therapy. The provider feels the Vicodin is necessary to help decrease her pain level each day. The Request for Authorization form was submitted on 01/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg 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 Vicodin Page(s): 78 and 98..

Decision rationale: The request for Vicodin 5/300mg QTY 60 is not medically necessary. The MTUS state that there should be an "ongoing review documentation of pain relief, functional status, appropriate medication use and side effects." The pain assessment should include what pain levels are before, during, and after medication administration. Satisfactory response to treatment might be indicated by the injured worker's decreased pain, increased level of function or improved quality of life. Use of drug screen or inpatient treatment with issues of abuse, addiction or pain control is recommended. The submitted documentation did not indicate that the Norco was helping the injured worker with any functional deficits. The efficacy of the medication was not submitted for review. It was noted that the injured worker's pain rate was a 2/10 at rest and with medications and a 6/10 to 8/10 without; however, it did not specify if this was due to the Vicodin or any other medication the injured worker was taking. Furthermore, there was no indication of the injured worker being monitored with UAs or drug screen. Additionally, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Vicodin 5/300mg QTY 60 is not medically necessary.