

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0181325 | | |
| Date Assigned: | 11/06/2014 | Date of Injury: | 02/19/2013 |
| Decision Date: | 12/11/2014 | UR Denial Date: | 10/18/2014 |
| Priority: | Standard | Application Received: | 10/31/2014 |

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 Family Medicine 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:

This is a 38-year-old male who reported an industrial injury on 2/19/2013, 22 months ago, attributed to the performance of his usual and customary job tasks reported as sustaining a laceration to the left wrist while cutting a zip tie. The treating diagnoses were acute lumbosacral strain, acute laceration left hand and left wrist with neural, left hand Arthur fibrosis, right wrist strain, and status post external neural lysis and Tina lysis of the Flexeril nurse tendon. The patient also underwent a revision of the scar to the left volar ulnar wrist. The patient was reported to have 3/10 lumbar spine pain; and 7-8/10 left hand wrist pain. The patient reported improvement in his pain levels after receiving occupational therapy. The patient is not working. The objective findings on examination included paraspinal midline tenderness, positive Kemp's test bilaterally; decreased range of motion to the lumbar spine; decreased range of motion to the left wrist with decreased sensation at the ulnar left hand; grip strength was 3/5". The treatment plan included Vicoprofen; additional occupational therapy; chiropractic care; gym membership; and paraffin wax bath.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen (Hydrocodone and Ibuprofen) 1 tablet by mouth every 6-8 hours as needed for pain, #90, for the lumbar spine, left hand and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Criteria for use of Opioids Page(s): 75-78.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 114-116, 300-306, Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids

Decision rationale: There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-Ibuprofen for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-Ibuprofen. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Vicoprofen 7.5/200 mg #90 is not demonstrated to be medically necessary.