

Case Number:	CM15-0002100		
Date Assigned:	01/13/2015	Date of Injury:	08/16/2008
Decision Date:	06/01/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/05/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old male who reported an injury on 08/16/2008. The mechanism of injury was not provided in the documentation submitted for review. His diagnoses included right carpal tunnel syndrome, chronic pain syndrome, cervical radiculitis, status post proximal row carpectomy with degenerative disc disease, lunate osteonecrosis and ligament instability, and depression. His past treatments included medication. Pertinent diagnostic studies included magnetic resonance imaging of the right wrist, performed on an unknown date and an electromyography study, performed on an unknown date. His surgical history included a proximal row carpectomy. The injured worker presented on 12/15/2014 with complaints of hand and wrist pain. Upon physical examination: heel scars; left wrist diminished range of motion: extension 7 to flexion 27 degrees with crepitus and persistent triggering, left thumb; numbness left thumb; and increased to 2 point discrimination -7 mm on right and 7 mm on left in median nerve distribution. On physical examination: neck pain on extension; positive compression sign with left arm radiation and diminished biceps reflex and weakness of thumb extension; asymmetric range of motion, diminished light touch, and 6 mm 2 point discrimination. On physical examination of the lumbar spine: persistent lumbosacral spasm on the right with asymmetric range of motion. It was further noted that the injured worker is a chronic pain patient and will need medications for greater than 6 months. His current medication regimen included Ultram ER since at least 12/15/2014. The treatment plan included an authorization for a urine toxicology, an authorization for labs to assess liver function, and a Request for Authorization for Tylenol No. 4. The rationale for the request was that the injured worker was a

chronic pain patient. A Request for Authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NON-CERTIFY: MEDICATION: VICODIN 10/325MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Vicodin 10/325 mg #120 is not medically necessary. The injured worker has cervical pain and chronic pain syndrome. The California MTUS Treatment Guidelines state that the ongoing management of opioid therapy should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The submitted documentation did not include a detailed pain assessment to establish adequate pain relief with use of Vicodin. There was also no evidence of functional improvement or a lack of adverse effects and aberrant behaviors. Additionally, a urine drug screen was not submitted to verify appropriate medication use. In the absence of documentation showing details regarding the injured worker's medications, including his use of Vicodin, and the appropriate documentation to support the ongoing use of opioids, the request is not supported. As such, the request for Vicodin 10/325 mg #120 is not medically necessary.