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| Case Number: | CM15-0126716 | | |
| Date Assigned: | 07/13/2015 | Date of Injury: | 05/03/2006 |
| Decision Date: | 08/06/2015 | UR Denial Date: | 06/23/2015 |
| Priority: | Standard | Application Received: | 06/30/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 56 year old female who sustained an industrial injury on 5/6/06. Progress report dated 6/11/15 reports continued complaints of pain in shoulder/neck/left upper extremity, low back and right lower extremity pain. The pain is described as severe, especially with the drive today. Without medications she is unable to perform her basic activities of daily living. Diagnoses include: complex regional pain syndrome in left upper extremity and lower right extremity, left rotator cuff tendinitis and impingement syndrome, AC joint arthritis, left L4-L5 disc bulge and reactive depression do to pain and inactivity. Plan of care includes: Vicodin 5/300 mg 1 up to 2 times per day as needed for pain flares #45, continue on celebrex and amitiza, dispensed lexapro and continue home program. Follow up in 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

45 Vicodin 5/300mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
 Page(s): 82-92.

Decision rationale: Vicodin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids along with NSAIDS for over 6 years. Pain response to Vicodin cannot be determined. The Vicodin is only used intermittently and there is no indication of Tylenol failure. The continued and chronic use of Vicodin is not medically necessary.