

Case Number:	CM15-0094382		
Date Assigned:	05/21/2015	Date of Injury:	04/01/2003
Decision Date:	06/25/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/16/2015

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, 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 61 year old female who sustained an industrial injury on 4/1/03. The injured worker was diagnosed as having left rotator cuff tendinosis, left bicipital tendinosis, left subacromial bursitis, left carpal tunnel syndrome, left ulnar neuritis and myofascial pain syndrome. Currently, the injured worker was with complaints of left upper extremity discomfort. Previous treatments included injections, oral pain medication; status post left subacromial decompression, physical therapy, home exercise program, and activity modification. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80. Decision based on Non-MTUS Citation U.S. Food & Drug Administration (FDA). FDA drug safety communication: Prescription acetaminophen products to be limited to

325 mg per dosage unit; boxed warning will highlight potential for severe liver failure. Accessed May 20, 2013. Available at: <http://www.fda.gov/Drugs/DrugSafety/ucm239821.htm>.

Decision rationale: Regarding the request for Vicodin (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Vicodin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. This request is for the 5/500mg formulation of Vicodin. In January 2011, the FDA announced that drug manufacturers will be required to limit the strength of acetaminophen (APAP) contained in prescription drug products to 325 mg per tablet, capsule, or other dosage unit. The FDA believes that limiting the amount of acetaminophen per dosage unit may reduce the risk of severe liver injury from overdosing, and thus limit subsequent cases of liver failure, liver transplant and death. The compliance date for this mandate was January 14, 2014. Therefore, this formulation is not medically appropriate. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Vicodin (hydrocodone/acetaminophen) is not medically necessary.