

Case Number:	CM13-0021839		
Date Assigned:	12/18/2013	Date of Injury:	06/14/2012
Decision Date:	03/27/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in Hawaii. 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 physician 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 patient is a 35 year old female with a date of injury of 6/14/2012. The records indicate that the patient is undergoing treatment for carpal tunnel syndrome and repetitive stress injury of shoulder, neck, arm, and hand. The treatment has included physical therapy, chiropractic sessions, modified duty, home exercise program, and Vicodin 5/500mg. The subjective complaints include right lateral neck pain with radiation to upper back/shoulder/arm/hand. The objective findings include pain rating between 6-8/10 scale, tenderness over right trapezius, levator scapula, rhomboid muscles, and subacromial bursa. The records provided do not indicate when Vicodin was first initiated, but Vicodin has been utilized since at least May 2013. A utilization review dated 8/26/2013 non-certified the request for Vicodin 5/500 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Opioids.

Decision rationale: Vicodin is the brand name version of Hydrocodone and acetaminophen, which is considered a short-acting opioid. ODG does not recommend the use of opioids for shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. The California MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." While the treating physician does indicate a range of pain scale for the patient, it does not meet several of the prescribing guidelines, such as documenting intensity of pain after taking opioid, pain relief, increased level of function, improved quality of life, or other objective and functional outcomes, which is necessary for continued ongoing use of opioids. As such, the request for Vicodin 5/500mg #60 DOS: 8/12/13 is not medically necessary.