

Case Number:	CM13-0023816		
Date Assigned:	11/15/2013	Date of Injury:	09/18/2010
Decision Date:	02/24/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/12/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 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:

The patient is a 47 year old male with a date of injury of 9/18/2010. Available medical documents showed the patient had been treated for chronic bilateral shoulder and right knee pain. According to a QME with [REDACTED] dated 4/23/13, the patient had undergone arthroscopic subacromial decompression with labral repair to the left shoulder on 7/4/11 and had also had an unknown surgery to the right shoulder on 11/16/11. MRI indicated a small full thickness rotator cuff tear involving supraspinatus tendon of the left shoulder and rotator cuff tendinosis and partial tearing of the right shoulder with moderate AC joint arthritis. The patient had been taking Naprosyn and Vicodin since at least the 4/23/13 evaluation with [REDACTED] with reported temporary pain relief and had not been working since 2010. The patient had an initial evaluation on 6/25/13 with [REDACTED] to which he reported right shoulder pain of 7-8/10 at worst and constant left shoulder pain of 5/10 at worst with no radiation of pain or numbness/tingling in arms. Pain worsened with sleeping on both shoulders and reaching. He also had intermittent right knee pain of 6-7/10 which was worse with kneeling and squatting and swelling with increased activity. At that time, he had reported only taking Naprosyn. Objective findings noted decreased shoulder range of motion bilaterally, significantly worse on the right with painful elevation of the arm, along with medial joint line tenderness of the right knee. Diagnoses included status post bilateral shoulder surgeries with persistent pain with symptoms greater right than left and right knee chronic pain. Treatment consisted of prescription for Vicodin ES 7.5mg for severe pain and Naprosyn 550mg for mild to moderate pain and the patient was to return to clinic as needed. A progress report from [REDACTED] dated 8/27/13 showed the patient returned reporting no change in symptoms, in need of medication refills and requesting an orthopedic evaluation. Objective find

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5/325 mg #60 with two (2) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 76.

Decision rationale: The patient had been consistently prescribed opiate pain medication for the last year which exceeds short-term use and based on the cited evidence-based guidelines the continued use of Vicodin ES 7.5/325 # 60 times two refills did not appear to be medically necessary, given the lack of objective evidence of pain relief or functional improvement. The CA-MTUS (Effective July 18, 2009) Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain. These medications are generally classified according to potency and duration of dosage duration. Evidence-based guidelines recommend the use of opioid pain medications for the short-term treatment of moderate to severe pain. Ongoing use of opiate medication may be recommended with documented pain relief, an increase in functional improvement, a return to work and evidence of proper use of the medications. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. When discontinuing opiate pain medication a slow taper is recommended to wean the patient. The request is denied.