

Case Number:	CM13-0036507		
Date Assigned:	01/10/2014	Date of Injury:	10/20/2010
Decision Date:	04/23/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/21/2013

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. The expert reviewer is Board Certified in Family Medicine, 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 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/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 injured worker's date of injury was 10/20/2010. The patient's physician is treating him for chronic pain of the shoulders. The patient had surgery to repair a rotator cuff tear in the right shoulder. The left shoulder had a "SLAP" tear. The treating physician stated in his report aged 09/23/13 that the patient's symptoms are stable and he "needs medications." On exam, there was tenderness in the left shoulder anteriorly and laterally. There was restriction in the range of motion. The request is for Vicodin 5/325mg tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION VICODIN 5/325: 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 Page(s): 78-82.

Decision rationale: This injured worker is being treated for chronic shoulder pain. The request is for Vicodin, which is a combination pill containing 325 mg of acetaminophen (an analgesic) and 5 mg of hydrocodone, a short duration opioid. According to the MTUS Chronic Pain Guidelines, Vicodin is not recommended as first-line therapy or for the long-term management

of chronic musculoskeletal pain. Randomized studies only show benefit for less than 70 days of treatment duration. Complications are common in patients treated with opioids, these include: tolerance, opioid-induced hyperalgesia (experiencing an increase in pain), opioid abuse and addiction. The clinician has not documented the degree of pain, the return of function, whether or not there are any behavioral issues with the opioid, or any side effects. These four areas are required in the documentation in chronic opioid use. The request is therefore not medically necessary and appropriate.