

Case Number:	CM13-0041516		
Date Assigned:	12/20/2013	Date of Injury:	11/14/2003
Decision Date:	03/21/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/11/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 60-year-old female who reported a work-related injury on 11/14/03; the mechanism of injury was not provided. The recent clinical documentation to support the request was dated 9/12/13. The patient's diagnoses include right shoulder strain, status post right shoulder arthroscopic surgery on 7/29/05 with significant residual, left shoulder strain with abnormal MRI, cervical radiculitis to the left, secondary depression due to chronic pain, and GERD symptomatology. The physical examination revealed decreased range of motion in the bilateral shoulders and cervical spine. The patient had mild to slight tenderness over the right acromioclavicular region and deltopectoral region of the right shoulder. The physical examination of the left shoulder revealed moderate tenderness of the left acromioclavicular region and deltopectoral region on palpation, and the impingement sign was positive on the left. Palpation of the cervical spine revealed paracervical muscle spasm, more on the left than right, and the Spurling's sign was slightly positive to the left, causing left scapular pain. The recommendations were a left shoulder surgery, continuing with a psychiatrist, mirtazapine 50mg, 60 Vicodin 1-2 times a day as needed for pain, Prilosec capsule 10mg 1-2 by mouth daily, supplies for the muscle stimulator, and follow-up in 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Vicodin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The California MTUS guidelines indicate that opioids are appropriate for the treatment of chronic pain. There should be documentation of an objective decrease in the VAS score, objective functional improvement, evidence that the patient is being monitored for aberrant drug behavior, and documentation of side effects. The clinical documentation submitted for review failed to provide documentation of the above. Given the above and the lack of documentation, the request for 60 Vicodin is not medically necessary.