

Case Number:	CM13-0057701		
Date Assigned:	12/30/2013	Date of Injury:	02/26/2013
Decision Date:	05/06/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine & Rehabilitation 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:

The underlying date of injury in this case is 02/26/2013. The treating diagnosis is a shoulder sprain. The treating diagnoses also include a right shoulder myofascial strain with impingement as well as bilateral upper extremity overuse syndrome including tenosynovitis, epicondylitis, and bilateral carpal tunnel syndrome. On 10/21/2013, the treating orthopedist saw the patient in follow-up and noted that the patient had tenderness at the right shoulder in the subacromial region as well as the supraspinatus tendon and periscapular muscles with positive impingement signs and limited range of motion. The treating physician planned a right shoulder subacromial injection as well as treatment with acupuncture and possible carpal tunnel release. The treating physician recommended a refill of Vicodin and Norflex. An initial physician review noted that Vicodin and opioids in general are recommended for short-term use for moderate to moderately severe pain and noted that the patient did not have functional benefit to support continued use of Vicodin. Therefore, the reviewing physician recommended modification of this request for Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR VICODIN 5/500MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS (HYDROCODONE).

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

Decision rationale: The Medical Treatment Utilization Schedule section on opioids/ongoing management, page 78, recommends documentation of the four A's of opioid management to support benefits and in particular to support functional improvement requiring the use of opioids. The medical records at this time do not include these four A's of opioid management. Moreover, it is not clear that this patient has a diagnosis for which for long-term opioids are recommended by the treatment guidelines. The request for Vicodin is not supported by the medical records and treatment guidelines. Therefore, the request of Vicodin 5/500mg #60 is not medically necessary.