

<b>Case Number:</b>	CM13-0058397		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/20/2012
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 and Rehabilitation, has a subspecialty in Pain Management 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 is a male patient with the date of injury of January 20, 2012. A utilization review determination dated October 28, 2013 recommends non-certification of Vicodin 500mg Q 6 #60. The previous reviewing physician recommended non-certification of Vicodin 500mg Q 6 #60 due to lack of documentation of the analgesic and functional responses to prior non-opioid and Vicodin intake, the current level of pain that requires an opioid, and a pain contract or urine drug screen. A progress report dated August 26, 2013 identifies subjective complaints of pain in his left shoulder from favoring his right shoulder. In addition, he has been experiencing increasing pain in his right wrist since his original fall. Objective findings identify persistent atrophy of his supraspinatus and infraspinatus muscle on the right side. Minimal weakness in abduction as well as weakness in external rotation against resistance. The diagnosis is a rotator cuff tear, sprain wrist. The treatment plan identifies Vicodin 5/500 Q6 #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF VICODIN 500MG EVERY 6 HOURS, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Regarding the request for Vicodin, California Pain Medical Treatment Guidelines state that Vicodin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Vicodin is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Vicodin is not medically necessary.