

Case Number:	CM13-0059514		
Date Assigned:	12/30/2013	Date of Injury:	08/01/2008
Decision Date:	04/04/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	12/02/2013

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, has a subspecialty in Pain Management, 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 49-year-old who reported an injury on 08/01/2008. The patient was reportedly injured secondary to repetitive typing. A request for authorization form was submitted by [REDACTED] on 10/22/2013. However, there was no physician progress report submitted on the requesting date. The latest physician progress report submitted by [REDACTED] is dated 06/20/2013. The patient is diagnosed with pain in the upper arm and status post surgery. Current medications included Vicodin extra strength. Physical examination revealed painful range of motion of the neck and upper extremities, positive apprehension and Jobe's testing, positive Hawkins maneuver, and diffuse tenderness of the right shoulder. The patient also demonstrated marked tenderness over the right trapezius muscle, right supraspinatus, teres minor, and subscapularis. Treatment recommendations included continuation of current medication.

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IMR ISSUES, DECISIONS AND RATIONALES

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

S5000 Vicodin Extra Strength, dispensed on June 20, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 74-81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report constant pain. Satisfactory response to treatment has not been indicated. The request for S5000 Vicodin Extra Strength, dispensed on June 20, 2013, is not medically necessary or appropriate.