

Case Number:	CM13-0062405		
Date Assigned:	12/30/2013	Date of Injury:	08/01/2008
Decision Date:	04/11/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/06/2013

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, neck pain, and depression, reportedly associated with industrial injury of August 1, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer for care to and from various providers in various specialties; psychotropic medications; and the apparent imposition of permanent work restrictions. In a Utilization Review Report of December 2, 2013, the claims administrator denied a request made for the applicant to restart Vicodin, stating that the applicant had been stable for some time without it. The applicant's attorney subsequently appealed. A November 1, 2013 progress note is noted for comments that the applicant is reporting heightened pain about the left shoulder as a result of cool weather. Pain and stiffness are appreciated about the trapezius muscle. Range of motion is diminished with positive signs of internal impingement appreciated. 30 tablets of Vicodin are introduced for severe pain. The applicant's car has been stolen, it is stated. She is using BenGay and also using Cymbalta. Permanent work restrictions are renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resuming for Vicodin: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Topic Page(s): 91.

Decision rationale: Contrary to what was suggested by the claims administrator, page 91 of the MTUS Chronic Pain Medical Treatment guidelines states that short-acting opioids such as hydrocodone and acetaminophen or Vicodin are "indicated for moderate to moderately severe pain." In this case the applicant was described as having an acute flare of pain on the office visit in question, reportedly precipitated by cold weather. The applicant was reporting heightened pain complaints and exhibited pain, stiffness, and positive signs of internal impingement. A 30 tablet supply of Vicodin to combat a flare of severe pain was indicated and appropriate here. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.