

Case Number:	CM13-0065839		
Date Assigned:	01/03/2014	Date of Injury:	02/16/2006
Decision Date:	04/22/2014	UR Denial Date:	12/07/2013
Priority:	Standard	Application Received:	12/13/2013

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 and is licensed to practice in Illinois. 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 patient is a 30-year-old male who reported an injury on 02/16/2006. The mechanism of injury was not provided. Patient had complaints of intermittent bilateral shoulder pain and discomfort, alternating from the left side to the right, depending on the activity of daily living that included lifting, writing and/or sitting with sudden sharp pain in the shoulder joints, following arthroscopy done on 11/15/2007. Patient reported that the pain could reach up to a level of 9/10 on a Visual Analog Scale. On examination there was tenderness over the acromioclavicular joint, supraspinatus tendon, posterior muscles, as well as the periscapular and right subacromial regions. Impingement test was positive on the right side. Subacromial crepitus was present. Active range of motion was limited in all planes.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Section Page(s): 78.

Decision rationale: The request for Vicodin 5/500 mg is non-certified. The California MTUS states 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) the monitoring of these outcomes over time should effect therapeutic decisions and provide a framework of documentation of the clinical use of these controlled drugs. The records submitted for review failed to include documentation of measurable pain relief using the VAS, the physical and psychosocial functioning, the occurrence or nonoccurrence of side effects, and the occurrence of any potentially aberrant or nonadherent drug related behaviors. In addition, the request for Vicodin 5/500 mg failed to include a quantity requested. As such, the request for Vicodin 5/500 is not supported. Therefore, the request is non-certified.