

Case Number:	CM13-0067933		
Date Assigned:	01/03/2014	Date of Injury:	01/18/2011
Decision Date:	07/18/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/18/2013

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 Neurological Surgery, 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 injured worker is a 60-year-old male who was reportedly injured on January 18, 2011. The mechanism of injury was noted as a slip and fall on a wet floor. The most recent progress note dated October 10, 2013, indicated that there were ongoing complaints of neck pain and left shoulder pain. The physical examination demonstrated paracervical and trapezius muscle tenderness and decreased sensation at the C5 dermatome in the bilateral upper extremities. There was also noted to be decreased range of motion in the bilateral shoulders and a positive Neer's test. There were also tenderness along the lumbar spine and decreased lumbar range of motion secondary to pain. Lower extremity neurological examination noted decreased sensation at the L5 and S1 dermatomes. There was a positive bilateral straight leg raise. A request had been made for Vicodin and was not certified in the pre-authorization process on November 19, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (EFFECTIVE JULY 18, 2009) OPIOIDS, LONG-TERM ASSESSMENT Page(s): 88 OF 127.

Decision rationale: According to the medical records provided, the injured employee has been taking Vicodin for over a year's time. The California Medical Treatment Utilization Schedule chronic pain medical treatment guidelines recommend that individuals on opioid pain medications for chronic pain should be evaluated for objective measures of the medications, analgesia, its effect on the injured employee's activities of daily living, adverse side effects and potential aberrant drug taking behaviors. This information has not been supplied in the attached medical record, so it is not possible to determine the true efficacy of this medication. Without this justification, this request for Vicodin is not medically necessary.