

<b>Case Number:</b>	CM13-0068403		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/13/2007
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 claimant is a 61 year old female presenting with chronic right shoulder pain following work related injury on 3/13/2007. The claimant has history of Open reduction, internal fixation. The claimant reported that the pain is associated with insomnia and depressive symptoms. The claimant reported that the Vicodin helps reduce her pain level and improve function. The claimant's medications include Vicodin 5/500mg and Motrin. X-ray of the right shoulder was significant for slightly displaced comminuted fracture of the proximal humeral neck and greater tuberosity. CT scan of the right shoulder was significant for mild grade I separation of the acromioclavicular joint, the fracture demonstrated medial and posterior displacement of the main distal fracture fragment, there was also a mildly displaced vertical fracture extending from the lateral humeral metaphysis to the lateral superior humeral head involving the tuberosity. There was mild comminution, the head was in position relative to the glenoid. The physical exam was significant for tenderness to the right shoulder, limited range of motion and abnormal girth measurements. The claimant was diagnosed with comminuted three-part proximal humerus fracture status post ORIF, status post acromioplasty, biceps tendon repair and labral repair, distal clavicular resection. The claimant is on temporary total disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 2 prescriptions of Vicodin 5/500mg #45: 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): 79.

**Decision rationale:** Vicoden 5/500mg is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore Vicoden is not medically necessary.