

<b>Case Number:</b>	CM13-0070302		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/24/2004
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 neck and bilateral shoulder pain associated with an industrial injury of August 24, 2004. Thus far, the applicant has been treated with analgesic medications, opioid therapy, unspecified amounts of physical therapy over the course of the claim, earlier shoulder surgery, earlier wrist surgery, and extensive periods of time off of work, on total temporary disability. On December 11, 2012, the applicant was described as off of work, on total temporary disability, despite earlier shoulder and wrist surgery. Additional physical therapy was sought. In a later progress note dated March 18, 2013, the applicant was described as using Norco and Motrin for pain relief. The applicant stated that Norco was not as effective as previously prescribed Vicodin. Vicodin was therefore reintroduced at that point. The applicant was again placed off of work, on total temporary disability, on March 26, 2013. On August 6, 2013, the applicant was given a prescription for topical Terocin lotion. The applicant was described as having persistent complaints of wrist pain and was asked to pursue a psychological consultation. The applicant was again placed off of work, on total temporary disability. On October 10, 2013, the applicant stated that his pain levels were in 8/10 range with medications and 3/10 pain without medications. The applicant stated that medications were assisting with unspecified activities of daily living and sleep. Vicodin and Motrin were renewed. The applicant was seemingly asked to remain off of work in the interim. On November 6, 2013, the applicant was described as having markedly limited shoulder range of motion with abduction to 45 degrees. The applicant was apparently using a sling. The applicant again stated that the analgesic medications were diminishing pain levels from 8/10 to 3/10 and were facilitating performance of unspecified activities of daily living.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 7.5/750mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain. In this case, however, the applicant is off of work. The applicant was having difficulty performing even basic activities of daily living. The applicant was still using a shoulder sling. While the applicant has reported his pain levels are being reduced with ongoing Vicodin usage, this appears outweighed by the applicant's failure to return to any form of work and lack of any clear documentation as to what (if any) activities of daily living have specifically been ameliorated with ongoing Vicodin usage. Therefore, the request is not medically necessary.