

Case Number:	CM14-0106748		
Date Assigned:	07/30/2014	Date of Injury:	02/29/2012
Decision Date:	10/09/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/10/2014

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 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 42-year-old female who reported an injury on 02/29/2012. The mechanism of injury was not provided for clinical review. The diagnoses included polyarthritis, polyarthropathy and osteoarthritis. The previous treatments included medication, TENS unit and acupuncture. Within the clinical note dated 01/05/2014 it was reported the injured worker complained of right shoulder pain in front and side of the right shoulder, complained stiffness to the right shoulder. On physical examination the provider noted paravertebral muscle spasms, tenderness and tight muscle band. The injured worker had a positive Hawkins test, belly press test, empty can test, and O'Brien's test. The provider indicated the injured worker had tenderness to palpation of the acromioclavicular joint and bicipital groove. The provider requested Vicodin. However, a rationale is not provided for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg #60: 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 Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment of issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. The provider failed to document an adequate and complete pain assessment within the documentation. Therefore, Vicodin 5/500mg #60 is not medically necessary.