

Case Number:	CM14-0010272		
Date Assigned:	02/21/2014	Date of Injury:	11/19/2003
Decision Date:	08/06/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 55 year old female injured on 11/19/03 due to an undisclosed mechanism of injury. Current diagnoses include right shoulder acromioplasty, left shoulder capsulitis with subacromial impingement syndrome, left wrist capsulitis, and carpal tunnel syndrome bilaterally and epicondylitis. The clinical note dated 01/29/14 indicates the injured worker presented complaining of ongoing shoulder pain rated at 8/10 on numerical pain intensity scale described as aching, burning, and radiating down the extremity. The injured worker also reports experiencing swelling and tenderness of the extremity. The documentation indicates the injured worker has spinal cord stimulator implanted for the left shoulder and has experienced a great benefit and improvement in pain. It is also noted the injured worker has previously undergone trigger point injections with improvement in pain in the right shoulder. Physical assessment revealed slight amount of topical allodynia for bilateral upper extremities, tenderness to palpation of the right lateral epicondyle with full range of motion of the elbow, tenderness to palpation along the right trapezius, muscle spasm noted, positive Speed's test, limited range of motion of the right upper extremity. Current medications include Cymbalta 30mg every day, Lyrica 75mg 2 tablets twice a day, and Norco 2-3 tablets every day. The initial request for Vicodin 5/500mg #120 was initially non-certified with modification on 01/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Further, as of January 2014, the Food and Drug Administration recommends health care professionals discontinue prescribing and dispensing prescription combination drug products with more than 325mg of acetaminophen to reduce the risk of severe liver injury from inadvertent acetaminophen overdose. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Vicodin 5/500mg, #120 cannot be established at this time.