

Case Number:	CM14-0174925		
Date Assigned:	10/28/2014	Date of Injury:	05/22/2007
Decision Date:	12/04/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/22/2014

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 Family 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:

This is a 43 years old male patient who sustained an injury on 5/22/2007. The current diagnoses include left foraminal stenosis C5-6, spondylolisthesis C7-8, rule out lumbar disc injury, left shoulder pain and right wrist/forearm pain. He sustained the injury while making a hole with a machine; his jacket got caught in the machinery. Per the doctor's note dated 9/25/14, he had complaints of left shoulder pain, low back pain, thoracic pain and right forearm/wrist pain. Physical examination revealed diffuse tenderness over the left shoulder, limited range of motion, left deltoid musculature atrophy, right forearm tenderness and pain with wrist extension against resistance. The current medications list includes Hydrocodone, Naproxen and Omeprazole. He has had the MRI of the cervical spine and thoracic spine dated 3/31/14 which revealed diffused disc protrusions at T7-T8 and C4-C5, C5-C6 with narrowing of left foramen at C5-C6; CT scan of the cervical spine dated 05/22/07 which revealed no evidence of acute traumatic injury of the cervical spine; MRI left shoulder dated 7/12/2007, 12/3/10, 4/14/12; MRI cervical spine dated 7/20/07, 9/22/08; MRI thoracic spine dated 3/5/2008; MRI right shoulder dated 7/28/2007; electro-diagnostic studies on 10/8/09 and 7/18/11 with normal findings; left shoulder MR arthrogram dated 9/18/09; right wrist MRI dated 9/24/11; electromyogram/nerve conduction study dated 2/28/12 suggestive of bilateral ulnar axonal motor nerve neuropathy below the cubital tunnel. He has undergone ORIF right forearm fracture on 5/22/2007, left shoulder arthroscopic subacromial decompression on 10/29/2007. He has had physical therapy visits and thoracic epidural steroid injection for this injury. He has had urine drug screen report on 8/1/14 and 10/1/14 which was negative for Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 mg #60 with 2 refills: 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): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 10/30/14) Opioids, criteria for use

Decision rationale: Vicodin contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided did not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control was not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these were not specified in the records provided. The urine drug screens on 8/1/14 and 10/1/14 were negative for Hydrocodone. This patient did not meet criteria for ongoing continued use of opioid analgesics. The medical necessity of Vicodin 5/300 mg #60 with 2 refills is not established for this patient.