

Case Number:	CM14-0180614		
Date Assigned:	11/05/2014	Date of Injury:	04/09/2012
Decision Date:	12/26/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/30/2014

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, has a subspecialty in Pain Management 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 patient is a 56 year old female with an injury date of 04/09/12. Based on the 09/26/14 progress report provided by treating physician, the patient complains of left shoulder pain, bilateral knees and lumbar spine; physical examination of the left shoulder revealed tenderness to palpation to the anterolateral aspect of shoulder; painful range of motion; positive impingement on 1 and 2 testing; weakness with supraspinatus testing. Regarding the shoulder, the patient continues to have pain and limitation and evidence of impingement and MRI findings consistent with impingement. The patient had a subacromial injection and physical therapy which only provided her with temporary relief. Provider is requesting authorization for left shoulder arthroscopy, subacromial decompression and mini-Mumford. Provider states providing Relafen anti-inflammatory. No other medications are discussed in medical records provided. MRI of Left Shoulder 06/11/14:- acromioclavicular joint degenerative changes with subacromial osteophytosis have increased risk for impingement- tendinopathy changes of the supraspinatus and infraspinatus tendons are seen with subchondral degenerative cystic changes of the humeral head. The utilization review determination being challenged is dated 10/10/14. The rationale is that based on Request for Authorization Form dated 09/29/14 (not available for review), provider is requesting Oxycontin and Vicodin as post-operative medications. Therefore the reviewer provided partial certification of Oxycontin #20 and Vicodin #30. Treatment reports were provided from 06/11/14 - 09/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Opioids, Criteria for use; and Specific Drug List

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88, 89.

Decision rationale: The patient presents with left shoulder pain. The request is for Vicodin 5/300 #60. MRI of Left Shoulder, per provider report dated 09/26/14, revealed subacromial bone spur with rotator cuff tendinosis. Physical examination of the left shoulder on 09/26/14 revealed tenderness to palpation to the anterolateral aspect of shoulder; painful range of motion; positive impingement on 1 and 2 testing, and weakness with supraspinatus testing. The patient had a subacromial injection and physical therapy which only provided her with temporary relief. Provider states providing Relafen anti-inflammatory. No other medications are discussed in medical records provided. MTUS Guidelines, pages 76-78, Chronic Pain Medical Treatment Guidelines: Criteria for Use of Opioids states: "Therapeutic Trial of Opioids 1) Establish a Treatment Plan. The use of opioids should be part of a treatment plan that is tailored to the patient. 2) Steps to take before a Therapeutic Trial of Opioids: (h) the physician and surgeon should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver or guardian." Based on Request for Authorization Form dated 09/29/14 (not available for review), provider is requesting Oxycontin and Vicodin as post-operative medications. Therefore the reviewer provided partial certification of Oxycontin #20 and Vicodin #30, per UR letter dated 10/10/14. Per progress report dated 09/26/14, provider is requesting authorization for left shoulder arthroscopy, subacromial decompression and mini-Mumford. However, there is no mention of Vicodin or any other medication in review of medical records. The request for the arthroscopic procedure has not yet been authorized. Furthermore, provider has not established a treatment plan for the trial of Opioids, nor has he stated discussing the risks and benefits of the use of controlled substances with the patient. There is lack of documentation to make a decision based on MTUS criteria. Therefore, Vicodin 5/300 #60 is not medically necessary and appropriate.