

Case Number:	CM14-0026133		
Date Assigned:	06/13/2014	Date of Injury:	12/23/2005
Decision Date:	07/16/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/28/2014

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 Anesthesiology 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:

According to the records made available for review, this is a 50 year old female with a 12/23/05 date of injury, status post left rotator cuff repair 12/19/07 with revisions done in 2008 and 2009, and status post right shoulder surgery 6/15/11. At the time (11/11/13) of request for authorization for Vicodin 7.5/750mg, there is documentation of subjective (neck pain with radicular symptoms, low back pain radiating to the left lower extremity, and bilateral shoulder pain with weakness) and objective (decreased bilateral shoulder range of motion with tenderness, decreased lumbar range of motion with paralumbar muscle spasms, and decreased cervical range of motion with paracervical muscle spasm) findings, current diagnoses (pain in shoulder, shoulder impingement, rotator cuff tear, and rotator cuff strain, cervical strain, and lumbar strain), and treatment to date (Vicodin since at least 6/6/13 with decrease in pain levels). There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 7.5/750MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of diagnoses of pain in shoulder, shoulder impingement, rotator cuff tear, and rotator cuff strain, cervical strain, and lumbar strain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation of ongoing treatment with Vicodin since at least 6/6/13 with decrease in pain levels, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Vicodin. Therefore, based on guidelines and a review of the evidence, the request for Vicodin 7.5/750mg is not medically necessary.