

Case Number:	CM14-0030474		
Date Assigned:	06/20/2014	Date of Injury:	11/14/2003
Decision Date:	07/18/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 60 year old female injured on 11/14/03 due to an undisclosed mechanism of injury. Current diagnoses include right shoulder strain status post right shoulder arthroscopic surgery on 7/29/05 with significant residual pain, left shoulder strain with recurrence of impingement symptoms, cervical radiculitis, secondary depression due to chronic pain, and gastroesophageal reflux disease. Prior treatments include physical therapy, medication management, cognitive behavioral therapy, and surgical intervention. A clinical note dated 01/17/14 indicates the injured worker presented complaining of right shoulder pain, left shoulder pain, neck pain, headaches, depression due to pain, and stomach upset due to chronic NSAID use. Injured worker currently rates her pain at 4/10 with medication use and 8/10 without. The injured worker reports use of medication allows her to walk, stand, and perform other day-to-day activities. Treatment plan includes continued cognitive behavioral therapy and current medication regimen. Medication list includes mirtazapine 50 mg once daily, Vicodin twice daily, Prilosec 20 mg twice daily, and multiple medications for the treatment of hypertension and cardiac disorder. The initial request for one prescription of Vicodin #60 was non-certified on 02/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Vicodin #60: Overturned

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

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

Decision rationale: As noted in the MTUS Chronic Pain Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Clinical notes indicate a significant decrease in pain scores, increases the injured worker's ability to walk, stand, and perform activities of living. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, the request for 1 prescription of Vicodin #60 is recommended as medically necessary at this time.