

<b>Case Number:</b>	CM14-0039055		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/29/2000
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 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 injured worker is a 62-year-old male who reported injury on 11/29/2000 caused by an unspecified mechanism. The injured workers treatment history included medications and surgeries. The injured worker was evaluated on 03/05/2014 and it was documented that the injured worker complained of bilateral shoulder pain that was intermittent throughout the day rated at 5/10. The provider noted medication decreases the injured worker's pain to 1/10, and without medications it and without medications it is 5/10. The injured worker denied numbness and tingling. The injured worker was able to lift a gallon of milk and manages to do light cooking and cleaning. The injured worker was currently not working. The pain affected the injured worker's sleep and awakened the injured worker during the night. The injured worker admitted to depression due to chronic pain that decreased ability to perform tasks. On the physical examination, the bilateral upper extremity abducted to 100 degrees. The provider recommended Norco 10/325 mg for pain, Flexeril 10 mg for muscle spasm, and naproxen 500 mg for anti-inflammation, Remeron 15 mg for depression and insomnia, and Protonix 20 mg to treat stomach upset from taking medications. The injured worker was prescribed Vicodin 5/325 mg for pain, Flexeril 10 mg for muscle spasms, naproxen 500 mg for anti-inflammation, and Remeron 15 mg for depression and insomnia. It was noted that medications are for the purpose of managing his symptoms and allowing him to be functional during the day. Diagnoses included right shoulder subacromial impingement, left shoulder impingement and 5 bypass surgeries. The Request for Authorization or rationale were not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodan 5/325 prescribed on 3/5/14.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91, 78, and 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was no outcome measurements indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for Vicodin 5/325 mg prescribed on 03/05/2014 is not medically necessary.