

Case Number:	CM14-0039273		
Date Assigned:	06/27/2014	Date of Injury:	11/07/2001
Decision Date:	08/18/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 51 year old female who has a reported date of injury 11/07/01. There is no mechanism of injury documented. The record demonstrates the injured worker has been treated for her neck, bilateral shoulders, bilateral elbows, bilateral wrists, and right hand. The injured worker is seen every three months. Most recent clinical documentation submitted is dated 05/27/14. Physical examination showed the injured worker has tenderness along the cervical paraspinal muscles, trapezius, and shoulder bilaterally. Diagnosis is impingement syndrome of the right shoulders, status-post decompression and second procedure with open distal clavicle resection. She has been treated with physical therapy, cervical pillow, hot and cold wraps, carpal tunnel treatment bilaterally. Medications include Vicodin 5/300mg, Motrin 800mg, Flexeril 5mg, and Prilosec 20mg. Prior utilization review dated 03/10/14 non-certified the Vicodin and the Motrin. The medical documentation submitted for review has two visual analogue scale (VAS) scores both being 7/10. No visual analogue scale (VAS) scores with and without medication. There is no documentation of functional improvement, as well as no urinary drug screens submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Vicodin 5/300mg #30 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 Opioid
Page(s): 74-80.

Decision rationale: The request for prospective request for one prescription of Vicodin 5/300mg #30 with two refills is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request for Vicodin. No visual analogue scale (VAS) scores with and without medication. There is no documentation of functional improvement, as well as no urinary drug screens submitted for review. Therefore, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

Prospective request for 1 prescription of Motrin 800mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 63-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Pain chapter, NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

Decision rationale: The request for prospective request for one prescription of Motrin 800mg #60 with two refills is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. Motrin is recommended as an option for short-term symptomatic relief in back pain. As such, medical necessity has not been established.