

<b>Case Number:</b>	CM14-0057048		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/03/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 61 year-old with a reported date of injury of 11/03/2009 that occurred when he was struck by a forklift. The patient has the diagnoses of right shoulder impingement syndrome with symptomatic AC joint arthritis, symptomatic lumbar disc disease with left lower extremity radiculopathy, right knee partial medial and lateral meniscal tears with arthritis and bilateral chronic ankle and foot sprains. Past treatment modalities have included surgery on the right shoulder and right knee, orthotics and physical therapy. The most recent progress notes provided are dated 01/10/2013 from [REDACTED]. The utilization review makes mention of more up to date progress notes but these are not include in the documentation provided for review. Per the progress notes the patient has complaints of intermittent shoulder and back pain that is worse with activity, constant right knee pain and aching in both feet. Physical exam shoed decreased range of motion with no sensory loss to pinpoint in the lower extremities, the right knee is tender to palpation with effusion and a positive McMurray's test. Treatment recommendations included future consideration for injections, medication, potential surgery and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5-300mg, Days Supply 30, Qty: 60 MED 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

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

**Decision rationale:** The documentation provided unfortunately does not address failure of previous medications and justification for long term use through documentation of efficacy (analgesia) and improvement in function and pain. With a lack of this current documentation, the medication is not medically necessary.