

Case Number:	CM14-0059189		
Date Assigned:	07/09/2014	Date of Injury:	03/31/2009
Decision Date:	08/13/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/29/2014

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 Management 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 51-year-old male with a 3/31/09 date of injury, and decompression of the left brachial plexus including left ulnar and median nerves on 6/10/14. At the time (2/26/14) of request for authorization for Post-operative Vicodin ES 1-2 tablets each 4-6 hrs. prn (As needed) for pain # 60, there is documentation of subjective (left shoulder, left elbow, and left hand/wrist pain with numbness and tingling) and objective (tenderness over the anterior left shoulder with decreased range of motion, positive Neer's test, and positive Hawkins test) findings, current diagnoses (left shoulder subacromial impingement syndrome with Acromioclavicular joint arthrosis), and treatment to date (medications and decompression of the left brachial plexus including left ulnar and median nerves).

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Vicodin ES # 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

Decision rationale: MTUS reference to ACOEM identifies documentation of acute severe pain, as criteria necessary to support the medical necessity of opioid therapy for a short period of time. Within the medical information available for review, there is documentation of a diagnosis of left shoulder subacromial impingement syndrome with AC (Acromioclavicular) joint arthrosis. In addition, given documentation of status post decompression of the left brachial plexus including left ulnar and median nerves on 6/10/14, there is documentation of acute severe pain. Therefore, based on guidelines and a review of the evidence, the request for Post-operative Vicodin ES # 60 is medically necessary and appropriate.