

Case Number:	CM14-0071718		
Date Assigned:	07/16/2014	Date of Injury:	06/01/2012
Decision Date:	10/08/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/19/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 31-year-old male who reported an injury on 06/01/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 08/04/2014 indicated diagnoses of left rotator cuff tendonitis, worse with increased symptoms, lumbar spine surgery at T12-L2, and status post L5-S1 fusion dated 02/28/2014 with worsening symptoms. The injured worker reported increased numbness and tingling in his left leg and left foot with increased pain in the left leg and left foot, and left shoulder. On physical examination, there was tenderness in the paraspinal muscles. The injured worker's left shoulder revealed flexion and abduction of approximately 120 degrees, internal/external rotation of 60 degrees, adduction of 30 degrees, extension of 10 degrees, and motor strength of 5-/5. The injured worker's treatment plan included request ortho shoulder evaluation, request early appointment for worsening symptoms, start Lyrica and return to clinic as scheduled. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Vicodin. The provider submitted a request for Vicodin. A Request for Authorization dated 08/05/2014 was submitted for Vicodin; however, the rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5/300mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Vicodin ES 7.5/300mg #60 with 1 refill is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker continued to report increasing pain. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug use, and side effects. Furthermore, the request does not indicate a frequency. Therefore, the request is not medically necessary.