

Case Number:	CM14-0073764		
Date Assigned:	07/16/2014	Date of Injury:	12/07/2000
Decision Date:	08/28/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/21/2014

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 65-year-old male who reported an injury on 12/07/2000. The mechanism of injury was a fall. The injured worker had diagnoses of unspecified d/o burs and tendonitis of the shoulder region, degenerative lumbar/ lumbosacral intervert disease, and lumbago. Past treatments included medications, home exercise program, and physical therapy. Diagnostic studies were not provided. Surgical history was not provided. On 04/14/2014, the injured worker had pain in the right globular region, which radiated down his right thigh. His shoulder pain continued. The injured worker had received 4 sessions of physical therapy. Recently he joined the gym and goes 3 to 4 days per week. The right shoulder pain without medication is a 6/10 to 7/10, and with medication pain was tolerable at 4/10. The injured worker denied any side effects from his medications. Current medications included Motrin 600 mg every 8 hours as needed for pain Soma 250 mg every 8 hours as needed for spasms, Vicodin 5/500 every 6 hours as needed for pain, Tylenol 500 mg every 6 hours as needed for pain for breakthrough pain. The treatment plan is to continue medications and to have labs done. Rationale was not provided. The request for authorization was dated 02/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg QYT 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin, page 75, Ongoing Management, page 78 Page(s): 75; 78.

Decision rationale: The request for Vicodin 5/500mg QYT 120.00 is not medically necessary. The injured worker has a history of right lower extremity pain. California MTUS guidelines recommend short acting opioids such as Vicodin for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The injured worker states he has no adverse reactions or side effects to the medication. There is a lack of documentation of functional improvement from said medication. The guidelines do not recommend long-term use of said medication. Therefore, the request is not medically necessary.