

Case Number:	CM14-0081107		
Date Assigned:	07/18/2014	Date of Injury:	10/13/2008
Decision Date:	09/17/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/02/2014

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 & 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 64-year-old male who reported an injury on 10/13/2008 while driving a pickup truck in the early morning on property where he worked as a farmer. He was hit head on by a John Deer tractor. He was taken by ambulance to the hospital where he was seen and evaluated for multiple contusions. Diagnoses were status post left shoulder arthroscopy, cervical sprain/strain with underlying spondylosis, history of lumbar sprain/strain with lumbar degenerative joint disease, history of laceration, left ear, stable, history of laceration, dorsum of the left hand, with persistent scarring and swelling, chronic, over the dorsum of the wrist with chronic tendinitis in the wrist, laceration repair of the left knee, stable, headaches, possibly cervicogenic in nature, related to neck injury, currently stable, history of triggering of the third digit of the left hand, stable, nonindustrial hypertension, diabetes, and dental pain. Past treatments were chiropractic sessions, physical therapy, and Corticosteroid injection to the left shoulder. Diagnostic studies were MRI of the left shoulder. Surgical history was left shoulder arthroscopic and open decompression with rotator cuff repair. Physical examination on 04/22/2014 revealed complaints of pain in the left shoulder. The injured worker reported he cannot push, pull, or lift with the arm at or above shoulder height. He reported swelling in the left wrist with diminished ability to grip or grasp. The pain was rated at an 8/10, at the worst it was a 10/10 without the medication. The injured worker stated he had at least 50% functional improvement from the pain medication versus not taking it at all. Physical examination for the cervical spine range of motion was limited in all planes. Examination of the low back revealed limited range of motion. Forward flexion was to 30 degrees, extension was to 10 degrees. Straight leg raise was to 80 degrees with pain bilaterally, but non-radiating. Medications were Vicodin, Lisinopril, and Actos, and Mobic. The treatment plan was to take medications as

prescribed. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/325mg #120: Upheld

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

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

Decision rationale: The request for Vicodin 5/325mg quantity 120 is non-certified. 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. Although the injured worker reported pain relief and functional improvement from the medication the request did not indicate a frequency for the medication. Therefore, the request is non-certified.