

Case Number:	CM14-0191553		
Date Assigned:	11/25/2014	Date of Injury:	03/16/2007
Decision Date:	01/12/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/17/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, upper extremity, shoulder, wrist, and elbow pain reportedly associated with an industrial injury of March 16, 2007. In a Utilization Review Report dated October 10, 2014, the claims administrator failed to approve a request for Vicodin. The claims administrator stated that its decision was based on progress note of September 24, 2014 and an RFA form of October 3, 2014. The claims administrator noted that the applicant had a history of prior knee surgery and prior shoulder surgery and had reportedly had 76 sessions of physical therapy over the course of the claim. The applicant's attorney subsequently appealed. In an April 4, 2014 progress note, the applicant reported multifocal complaints of neck, shoulder, finger, hand, knee, and low back pain with derivative complaints of anxiety, depression, psychological stress, obesity, and gastritis. The applicant had developed knee arthritis, it was stated. The applicant had originally alleged multifocal pain complaints secondary to cumulative trauma at work, it was acknowledged. 12 sessions of physical therapy were sought, 60 tablets of Vicodin were renewed without any explicit discussion of medication efficacy. The applicant was asked to continue "permanent disability" status. The attending provider suggested that the applicant was having difficulty performing activities of daily living, including standing, walking, kneeling, bending, squatting, and reaching overhead, despite ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin tablet 5/500mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic, Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work. The applicant has been deemed permanently disabled, the requesting provider has posited. The requesting provider's commentary to the effect that the applicant was having difficulty performing activities of daily living such as reaching overhead, kneeling, bending, squatting, standing, and walking, taken together, do not make a compelling case for continuation of ongoing Vicodin usage. The requesting provider, furthermore, failed to outline any quantifiable decrements in pain achieved as a result of ongoing Vicodin usage in the April 4, 2014 progress note, referenced above. While it acknowledged that the September 24, 2014 progress note, which the claims administrator based its denial upon was not incorporated into the independent medical review packet, the information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.