

Case Number:	CM14-0194293		
Date Assigned:	12/02/2014	Date of Injury:	03/15/2010
Decision Date:	01/20/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/20/2014

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 Interventional Spine, 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:

The patient is a 44 year old female with an injury date of 03/15/10. The 10/08/14 progress report states that the patient presents with right shoulder, right sided neck and lower back pain along with depression. Right shoulder examination reveals 4+/5 strength on flexion and abduction with pain as well as external and internal rotation strength 4+/5 with pain. There is mild tenderness diffusely across the lower lumbar spine with minimal spasm. Straight leg raise produces low back discomfort but no sciatica. The patient's diagnoses include: 1. Cervicalgia right sided 2. Right shoulder pain, with impingement s/p subacromial decompression 3. Lumbago 4. Right leg sciatica 5. Depression 6. Right ankle sprain 7. Insomnia 8. Arthroscopic rotator cuff repair right shoulder (04/15/13). Medications on 10/08/14 are listed as Zanaflex and Vicodin. The utilization review being challenged is dated 11/14/14. Reports were provided from 01/10/13 to 11/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Vicodin 5/300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61 88, 89 76-78.

Decision rationale: The patient presents with right shoulder, right-sided neck and lower back pain along with depression. The treater is requesting 1 prescription for Vicodin 5/300 mg #60 (Hydrocodone, an opioid). The 11/14/14 Utilization review states the request date is 11/07/14. The reports show the patient has been using Vicodin since at least 02/15/13. MTUS Guidelines, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show that pain is not routinely assessed at each visit through the use of the pain scales. Only the Psychiatric progress notes use a pain scale showing pain at 7-8/10 for 9 reports from 06/13/13 to 09/11/14. The numerous Primary Treating Physician progress reports included do not routinely assess pain or utilize pain scales. No specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are not addressed. No urine toxicology reports are provided or documented. There is no discussion of adverse side effects or behavior or use of CURES. No outcome measures are provided. There is not sufficient documentation to support long-term opioid use as required by MTUS. The request is not medically necessary.