

Case Number:	CM15-0193900		
Date Assigned:	10/07/2015	Date of Injury:	12/13/2003
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 female, who sustained an industrial-work injury on 12-13-03. She reported initial complaints of pain in knees, back, shoulder, and upper extremities. The injured worker was diagnosed as having myalgia and myositis, cervical spondylosis, bilateral cubital syndrome, bilateral carpal tunnel syndrome, lumbar spondylosis and myofascial pain, bilateral shoulder sprain-strain, bilateral wrist sprain-strain, impingement of bilateral shoulders, bilateral knee sprain-strain, headache, depression, and anxiety. Treatment to date has included medication, dental evaluation, and diagnostics. Currently, the injured worker complains of ongoing and increased pain and discomfort in the bilateral knees as well as headaches due to sharp neck pain. The pain radiated to the bilateral shoulders with associated burning sensation. There was clicking with range of motion in the shoulders. The wrist and thumb pain is increasing also. The bilateral middle back is increasing in severity with burning pain, numbness on reaching out with the arms. Pain interferes with ADL's (activities of daily living), sleep, ability to concentrate, and relationships. Per the primary physician's progress report (PR-2) on 8-12-15, exam noted tenderness, spasm and pain with all range of motion in cervical spine, decreased sensation to light touch to cervical spine, 50% restricted motion. The shoulders have resisted range of motion to both shoulders, anterolateral tenderness bilaterally, positive impingement test bilaterally. The hands have loss of grip strength, tenderness to light touch to elbows, positive Tinel's. The lumbar spine has restricted range of motion and decreased sensation. There is pain with patellar compression, bilateral knees and joint tenderness. The Request for Authorization requested service to include One (1) prescription of Vicodin 5/300mg #30. The Utilization Review on 9-3-15 denied the request for One (1) prescription of Vicodin 5/300mg #30, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Vicodin 5/300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. In this case, the injury occurred in 2003 and documentation is lacking regarding efficacy and change in functionality. Prior requests for Norco have been denied. Therefore, the request for Vicodin 5/300 mg #30 is not medically necessary.