

Case Number:	CM15-0201926		
Date Assigned:	10/16/2015	Date of Injury:	08/16/2003
Decision Date:	11/25/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 72 year old male, who sustained an industrial-work injury on 8-16-03. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain and sprain with degenerative disc disease (DDD), failed right shoulder hemiarthroplasty, cervical radiculopathy and cervical degenerative disc disease (DDD). Medical records dated 9-1-15 and 7-28-15 indicate that the injured worker complains of continued pain in the right shoulder with burning pain, limitation with range of motion, electrical hot pain that worsens with the use of the right arm. He also has low back pain and right lower extremity (RLE) pain with numbness, tingling and weakness. The injured worker reports that he is having significant breakthrough pain and is requesting medication adjustments. The pain is rated 4-5 out of 10 on the pain scale with use of medications and 8 out of 10 without medications. He notes improved ability to perform activities of daily living (ADL) meal prep, shop for groceries and assist with ill wife with medications and significant decrease in quality of life without medications. The physical exam dated 9-1-15 reveals cervical tenderness with spasm, decreased cervical range of motion, positive allodynia of the anterior right shoulder, restricted range of motion, and decreased strength right upper extremity. There is bilateral lumbar tenderness, decreased range of motion, and positive straight leg raise on the right. The physician indicates that he is requesting a trial of Vicodin for moderate to severe breakthrough pain. Treatment to date has included pain medication Tramadol, Naprosyn, Dendracin lotion, Omeprazole, Vicodin since at least 6-5-15, right shoulder surgery X 2 last dated April 2012 right shoulder

radiofrequency ablation 2-27-14 and 7-31-14 with reduction of pain by 50 percent for 2 months, diagnostics, spinal surgery consultation, lumbar epidural steroid injection 4-3-14 without improvement and acupuncture with temporary relief. The treating physician indicates that the urine drug test result dated 6-17-15 was inconsistent with the medication prescribed. The request for authorization date was 9-8-15 and requested service included Vicodin 5-300mg #30. The original Utilization review dated 9-14-15 non-certified the request for Vicodin 5-300mg #30 as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2003 injury without acute flare, new injury, or progressive neurological deterioration. The Vicodin 5/300mg #30 is not medically necessary and appropriate.