

Case Number:	CM15-0023061		
Date Assigned:	02/12/2015	Date of Injury:	01/13/1998
Decision Date:	03/25/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/06/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 female, who sustained an industrial injury on 1/13/1998. The mechanism of injury was not noted. The diagnoses have included pain in joint, shoulder region and cervicalgia. Treatment to date has included conservative measures. On 10/17/2014 and 12/11/2014, the injured worker returned for evaluation of her residual right shoulder discomfort. Her pain was controlled for years on Vicodin. It was documented that she took three tablets daily and was unable to tolerate anti-inflammatory medications. The PR2 report, dated 5/15/2014, also documented "about three Norco per day". A physical exam was not documented. No diagnostic testing results were noted. On 2/03/2015, Utilization Review non-certified a request for Vicodin 5/325mg #100 (1-2 tablets by mouth every 6 hours for pain), noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/325mg #100, 1-2 by mouth every 6 hours for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic back with an injury sustained in 1998. The medical course has included use of chronic vicodin for 'chronic stable pain'. Per the guidelines, in opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visits fail to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. The medical necessity of vicodin is not substantiated in the records.