

Case Number:	CM15-0215472		
Date Assigned:	11/05/2015	Date of Injury:	01/19/2000
Decision Date:	12/21/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/02/2015

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: Pennsylvania

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year old female sustained an industrial injury on 1-19-00. Documentation indicated that the injured worker was receiving treatment for chronic neck pain, chronic right scapular pain, myofascial pain, left shoulder pain and depression. Previous treatment included cervical decompression (2004), right rotator cuff repair (2005), physical therapy, H-wave, psychiatric care and medications. In a physical therapy initial evaluation dated 6-1-15, the injured worker complained of neck and upper trapezius pain rated 5 to 6 out of 10 on the visual analog scale. Current medications included Vicodin. The injured worker reported having limited ability to lift, stand greater than 30 minutes or drive as long as she wants due to pain. Cervical spine range of motion testing showed forward bending 40 degrees, backward bending 10 degrees, right rotation 20 degrees, left rotation 35 degrees, right side bending 10 degrees and left side bending 25 degrees. In a physical therapy recertification report dated 8-3-15, the injured worker rated her pain 2 to 3 out of 10. The injured worker's functional deficits were unchanged. Cervical spine range of motion testing showed forward bending 40 degrees, backward bending 15 degrees, bilateral rotation 50 degrees and bilateral side bending 20 degrees. In a progress report dated 9-30-15, the injured worker ongoing chronic neck and bilateral shoulder pain and stiffness. The injured worker was currently participating in physical therapy and reported that physical therapy helped reduce her pain from 7 out of 10 on the visual analog scale to 4 to 5 out of 10. The injured worker could also move her neck more due to physical therapy. The injured worker also reported that she took Vicodin sparingly as needed for severe pain. Physical exam was remarkable for cervical spine with mild tenderness to palpation over the cervical spine paraspinal

musculature and bilateral upper trapezius muscles and "limited" range of motion with extension. The physician noted that CURES report was consistent with prescribed medications. The treatment plan included refilling Vicodin and Flector patch, continuing H-wave, completing physical therapy and continuing treatment with psychiatry. On 10-7-15, Utilization Review noncertified a request for Vicodin 5-300mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 #60: Upheld

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

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

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case there is insufficient documentation of objective improvement in function or pain in response to opioids to justify the continued prescription of Vicodin. The record states she uses Vicodin as needed for severe pain but there is no documentation of functional improvement or pain in response to Vicodin. Therefore the request is not medically necessary.