

Case Number:	CM15-0037797		
Date Assigned:	03/06/2015	Date of Injury:	08/26/2014
Decision Date:	04/16/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/27/2015

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 33-year-old male, who sustained an industrial injury on August 26, 2014. The injured worker had sustained a back and left shoulder injury. The diagnoses have included rotator cuff tear, superior labrum, anterior to posterior tear, rotator cuff syndrome and Cervical Discogenic Syndrome. Treatment to date has included medications, radiological studies and physical therapy. Current documentation dated January 30, 2015 notes that the injured worker complained of left shoulder, left knee and neck pain. Associated symptoms include numbness in the left upper extremity. Physical examination revealed a decreased range of motion of the cervical spine and left shoulder. O'Brien's test was noted to be positive and the Lachman test was noted to be negative. There was diffuse tenderness to palpation noted over the left knee and left trapezius muscles. On February 3, 2015 Utilization Review non-certified a request for Vicodin 10/325 mg # 60. The MTUS, ACOEM Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

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

Decision rationale: The most recent report provided is by [REDACTED] and dated 02/27/15, which states that the patient presents with continued left shoulder, left knee and neck pain with numbness in the left upper extremity and muscle spasm in the trapezius and neck area s/p left shoulder surgery 01/20/15. The current request is for VICODIN 10/325 mg QTY 60 (Hydrocodone, an opioid) per the 01/19/15 RFA. The report states the patient should return to modified work 02/27/15; however, it is not clear if modified work is available. 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 for review show the patient was prescribed Tramadol (an opioid analgesic) on 09/02/14 and was prescribed Hydrocodone/Norco from at least 09/27/14 through 01/19/15, the date of this request. The 02/27/15 report (after this request) states that the patient discontinued Norco/Hydrocodone as it was ineffective. Recent reports from 12/11/14 to 01/30/15 do show that pain is routinely assessed through the use of pain scales reported as 9/10 through 01/08/15 and as 8/10 on 01/30/15. However, it is not clear if this is with medications or without. The Doctor's First Report of Occupational Illness (undated) by [REDACTED]. [REDACTED]. states the patient's pain is reduced through the use of medications, Norco/Hydrocodone and rest. However, the MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. A questionnaire on ADL's completed by the patient dated 10/23/14 is included showing 25 specific ADL's that are affected by pain. However, there is no evidence provided that there is a significant change of these ADL's with use of opioids. The 09/12/14 report by [REDACTED] states that risks and benefits of use of opioids was discussed with the patient, and the 02/27/15 report by [REDACTED]. [REDACTED]. states that CURES was run and shows no aberrant behavior. However, no UDS's are included for review or discussed. In this case, there is insufficient documentation of Analgesia and ADL's to support long-term opioid use as required by the MTUS guidelines. The request IS NOT medically necessary.