

Case Number:	CM15-0053254		
Date Assigned:	03/26/2015	Date of Injury:	03/31/2007
Decision Date:	05/04/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/20/2015

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: 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:

The injured worker is a 62 year old male, who sustained an industrial injury on March 31, 2007. He reported being hit on the top of the head and left shoulder by a box, with immediate pain in the head, neck, and left shoulder/arm. The injured worker was diagnosed as having chronic neck pain with 2-3mm disc protrusion C3-C4, C5-C6, and C6-C7 with ongoing cervical radiculopathy left upper extremity, status post left shoulder arthroscopy with residual decreased painful motion, complaints of difficulty sleeping, and status post right shoulder arthroscopy 2013 for nonindustrial injury. Treatment to date has included bilateral shoulder surgeries, electromyography (EMG)/nerve conduction study (NCS), MRIs, bracing, chiropractic treatments, injections, and medication. Currently, the injured worker complains of left shoulder pain, neck pain, and left upper extremity numbness and tingling. The Primary Treating Physician's report dated January 21, 2015, noted the injured worker reporting not being able to use the left upper extremity due to pain, increasing his Vicodin to two every day. Examination was noted to show decreased painful range of motion (ROM) of neck flexion with positive Spurling's with numbness and burning on arm, shoulder, and forearm. The treatment plan was noted to include requests for authorization for Naproxen, Omeprazole, Vicodin, and pain management specialist for trigger point injection to left levator and left rhomboid areas. Pain is rated 10/10. The injured worker is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS guidelines, in order to continue opioids, there must be improvement in pain and function. In this case, the injured worker has been prescribed opioids for an extended period of time and there is no evidence of improvement in pain or function. The injured worker complains of 10/10 pain and there no evidence of specific objective functional improvement. The injured worker is not working. The medical records indicate that prior recommendations have been made for weaning of Vicodin and modifications have been rendered. Despite the prior recommendations, the injured worker continues to be prescribed Vicoding 300 mg. The ongoing use of Vicodin in the absence of improvement in pain and function is not appropriate. The request for Vicodin 300 mg #60 is not medically necessary.