

Case Number:	CM13-0041854		
Date Assigned:	12/20/2013	Date of Injury:	07/11/1997
Decision Date:	06/16/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53 year old female with an injury date on 07/11/97. Based on the 10/02/13 progress report provided by [REDACTED], the patient's diagnosis include shoulder joint pain, brachial neuritis NOS, chronic pain, thoracic pain, neck pain, occipital headache, cervical radiculopathy, shoulder impingement, supraspinatus tenosynovitis, cervical osteoarthritis. The pain rates at 8 out of 10 in the left shoulder and neck. The 10/02/13 progress reports continues to state that the patient has Hashimoto's disease and that she also has cervical radiculopathy. [REDACTED] is requesting Vicodin 10/325 mg #90. The utilization review determination being challenged is dated 10/21/13 and recommends denial of the Vicodin. [REDACTED] is the requesting provider, and he provided treatment reports from 06/10/13-10/02/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 10/325 MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 61.

Decision rationale: According to the 10/02/13 progress report, the patient presents with shoulder joint pain, brachial neuritis NOS, chronic pain, thoracic pain, neck pain, occipital headache, cervical radiculopathy, shoulder impingement, supraspinatus tenosynovitis, and cervical osteoarthritis. The request is for Vicodin 10/325 mg #90. A progress report dated 06/10/13 requests for a refill of Vicodin; however, it is not stated when the use of Vicodin began. The request was denied by utilization review letter dated 10/21/13. The rationale was due to the lack of information provided such as quantified functional improvement, lack of pain assessment, intensity of pain after taking the opioid, how long it takes for relief, and how long pain relief lasts. According to MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines pages 88 and 89 states: "Document pain and functional improvement and compare to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS further requires documentation of the four A's (Analgesia, ADL's, Adverse effects, Adverse behaviors). Under "outcome measure," MTUS also recommends documentation of 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 lasts. Review of the treater's report show no documentation of the patient's function, pain level or quality of life as they relate to the patient's Vicodin use. The request is not medically necessary or appropriate.