

<b>Case Number:</b>	CM14-0210602		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 & Rehabn

### 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 58-year-old male with an injury date of 12/09/2013. Based on the 07/09/2014 progress report, the patient presents with right shoulder pain. The 08/18/2014 report indicates that the patient has right shoulder pain, right arm stiffness, and right arm weakness. No positive exam findings were provided on this report. The 10/14/2014 report states that the patient continues to have right shoulder and right elbow pain which she rates her pain as an 8/10. She has difficulty with dressing, grooming, bathing, sleeping, work duties, writing, getting in and out of a car/bed, and getting out of a chair. No further exam findings were provided. The patient's diagnoses include the following: 1. Status post right shoulder arthroscopy with arthroscopic repair of the rotator cuff tear and debridement of the partial thickness biceps tear (08/05/2014). 2. Right cubital tunnel syndrome. 3. Bilateral carpal tunnel syndrome. 4. Left shoulder impingement syndrome. 5. C4-C5, C5-C6 discogenic neck pain. The utilization review determination being challenged is dated 12/04/2014. Treatment reports were provided from 05/12/2014 - 12/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain ; CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 76-78, 88-89.

**Decision rationale:** The patient presents with right shoulder pain/stiffness/weakness. The request is for Vicodin. The 08/18/2014 report states that the patient needs a "refill on the Vicodin." There was no indication of when the patient began taking this medication. MTUS Guidelines pages 88 and 89 state, 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 4 A's (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, duration of pain relief. None of the reports provide any discussion of any change in the patient's pain and function. None of the 4 A's Are addressed as required by MTUS Guidelines. The treater fails to provide any pain scales. There are no examples of ADLs that demonstrates medication efficacy nor are there any discussions provided on adverse behavior/side effects. There are no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opiate use. The requested Vicodin is not medically necessary.