

Case Number:	CM14-0213645		
Date Assigned:	12/31/2014	Date of Injury:	05/12/2011
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/22/2014

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

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

Injured worker is a male with date of injury 5/12/2011. Per primary treating physician's progress report dated 11/14/2014, the injured worker utilized Vicodin 5/300 for severe exacerbations of pain. The injured worker 's pain level was 6/10, no side effects were noted and there was no evidence of abusive behaviors. There were no objective measurements detailing the benefits of this medication. Agreed medical evaluation dated 7/7/2014 reports that the injured worker has constant 4/10 pain in his left shoulder, constant 3-4/10 pain in his neck, constant 4/10 pain in his low back, and constant 4/10 pain in his right hip. His pain intermittently is exacerbated to 9/10 in the left shoulder, 7/10 in the neck, 8-9/10 in the low back, and 8-9/10 in the right hip.

Exacerbating factors are movement and use of the affected body part. The injured worker is working with permanent work restrictions. Physical examination of the low back reveals reduced range of motion and tenderness to palpation in the paravertebral musculature on the right and left. Neck examination reveals slight reduction in range of motion with tenderness to palpation in the paravertebral musculature on the right and left. There is positive muscle guarding with active range of motion. The neck has positive muscle tightness/spasm in the paravertebral musculature on the right and left sides. Left shoulder has slight reduction in range of motion compared to the right. There is positive focal tenderness to palpation at the acromioclavicular joint. Cross-arm adduction tests and active compression tests are positive for acromioclavicular joint pathology. Diagnoses include 1) neck pain, non-radicular 2) left shoulder impingement syndrome with acromioclavicular joint arthrosis and partial thickness tear of the rotator cuff and degenerative labral tears 3) low back pain, radicular.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documentation indicate that the injured worker is on chronic pain medications and he needs these medications for severe exacerbations of pain. The injured worker is at work with permanent restrictions, and does report severe exacerbations of pain on top of his constant chronic pain. Although Vicodin is prescribed for acute exacerbations of pain, it is provided in a quantity for continuous use. The frequency of exacerbations is not addressed. Medical necessity of 120 tablets has not been established. Utilization review dated 12/2/2014 partially certified this request for 60 tablets. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Vicodin 5/300 #120 is determined to not be medically necessary.