

Case Number:	CM15-0114459		
Date Assigned:	06/22/2015	Date of Injury:	04/07/2014
Decision Date:	07/21/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/15/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

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

This 55 year old female sustained an industrial injury to the shoulder, foot and ankle on 4/7/14. Previous treatment included left shoulder superior labral anterior posterior repair, physical therapy, bracing and medications. In a progress note dated 4/29/15, the injured worker complained of ongoing low grade to moderate left shoulder, foot and ankle pain. The injured worker reported 97% relief to left shoulder pain following surgical repair. The injured worker stated that the injured worker's current care provided 85% relief to left ankle pain. Current diagnoses included left shoulder sprain/strain, left shoulder superior labral anterior posterior tear, left foot/ankle sprain/strain, left plantar fasciitis and left bicipital tenosynovitis. The physician noted that therapeutic goals from physical therapy had been reached. The injured worker was ready to progress to home exercise. The treatment plan included continuing Anaprox and Prilosec and decreasing the dosage of Vicodin to 300mg/500mg once a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 300/5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79.

Decision rationale: Vicodine 300/5mg #30 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.