

Case Number:	CM15-0118993		
Date Assigned:	06/29/2015	Date of Injury:	11/08/2004
Decision Date:	07/28/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/19/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 55-year-old female, who sustained an industrial injury on November 8, 2004. She reported an injury to her right shoulder, upper right body, left toe and lumbar spine. Treatment to date has included activity modifications, MRI of the lumbar spine, medications, lumbar support and work/activity modifications. Currently, the injured worker complains of low back pain, left foot pain and right shoulder pain. She indicates the low back pain radiates to the bilateral lower extremities and she describes her low back pain as constant, sharp, stabbing, dull, and aching. Her low back pain is aggravated by bending, stooping, walking, standing, prolonged sitting, walking an incline, uneven terrain, climbing stairs and prolonged driving. She has associated symptoms of waking up at night, stiffness, numbness, and tingling. Her left foot pain is described as mild-to-moderate, sharp, shooting, and aching and is aggravated by walking. Her medications help with her left foot pain. Her right shoulder pain is constant and described as sharp, stabbing, and aching. She has radiation of her right shoulder pain to the right upper extremity and notes that the pain is relieved with medications and resting. An MRI of the lumbar spine on April 15, 2015 reveals severe posterior facet arthropathy of L4-5 with degenerative grade 1 anterolisthesis and moderate left-greater-than-right foraminal narrowing and L4-nerve root impingement. There is borderline spinal stenosis and L5 nerve root impingement. The diagnoses associated with the request include lumbar radiculopathy, lumbar herniated nucleus pulposus without myelopathy, De-Quervain's of the right wrist, carpal tunnel syndrome of the right wrist/hand, spondylolisthesis left hallux rigidus and right shoulder impingement syndrome. The treatment plan includes lumbosacral support, Anaprox, Flexeril, Prilosec, Vicodin, Soma, thumb Spica splint and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 80, 78-80, 82. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 6, Pain, Suffering and the Restoration of Function, page 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids.

Decision rationale: Vicodin is the brand name version of hydrocodone and acetaminophen, which is considered a short-acting opioid. ODG does not recommend the use of opioids for shoulder pain "except for short use for severe cases, not to exceed 2 weeks". The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Vicodin 5/300mg #60 is not medically necessary.