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| Case Number: | CM15-0120036 | | |
| Date Assigned: | 06/30/2015 | Date of Injury: | 05/18/2000 |
| Decision Date: | 08/04/2015 | UR Denial Date: | 06/09/2015 |
| Priority: | Standard | Application Received: | 06/22/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial injury on 5/18/2000. Diagnoses have included status post shoulder arthroscopic surgery, right shoulder tendinitis/bursitis and lateral deltoid tendinitis. Treatment to date has included acupuncture and medication. According to the progress report dated 4/8/2015, the injured worker complained of pain in both shoulders. He rated his current pain as 7/10. His average pain was rated 5/10. His pain was made better by medications and applying heat. Exam of the cervical spine revealed tenderness to palpation. There was pain with extension of the cervical spine. Exam of the lumbar spine revealed pain over the lumbar intervertebral spaces on palpation. Authorization was requested for Vicodin.

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 Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab), Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Medications for chronic pain Page(s): 60-61, 76-78, 88-90.

Decision rationale: Based on the 03/11/15 progress report provided by treating physician, the patient presents with bilateral shoulder and low back pain rated 3/10 with and 7/10 without medications. The patient is status post right and left shoulder arthroscopies, dates unspecified. The request is for Vicodin 5/300MG #60. Patient's diagnosis per Request for Authorization form dated 03/24/15 includes joint pain shoulder. Diagnosis on 03/11/15 included aggravation of right shoulder tendinitis/ bursitis, and lateral deltoid tendinitis. Physical examination to the shoulders on 03/11/15 revealed tenderness to palpation over the greater tuberosity. Treatment to date has included acupuncture and medications. Patient's medications include Norco and Gabapentin. The patient remains permanent and stationary, per 03/11/15 report. Treatment reports were provided from 11/12/14 - 04/08/15. MTUS Guidelines pages 88 and 89 states, "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 4As (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 and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Hydrocodone was included in patient's medications per 11/12/14 progress report. Vicodin was included in patient's medications per progress reports dated 02/11/15 and 03/11/15. Per 03/11/15 report, the patient "had been utilizing Hydrocodone and Gabapentin for pain relief, which he states is beneficial... it takes one hour for the medication to take effect and its effectiveness lasts for four to six hours... the patient finds the medication to be effective for pain relief and it improves the patient's ability to perform daily activity. The patient is not noted to have any abnormal drug seeking behavior. The patient completed an opioid contract... and the assessment risk is low." Urine drug screen report dated 02/19/15 was consistent with prescribed medications. In this case, treater has properly addressed analgesia with pain scales as well as before and after measures; and addressed aberrant behavior with proper documentation. However, treater has not discussed how Vicodin significantly improves the patient's activities of daily living with specific examples. MTUS requires appropriate discussion of the 4A's. MTUS further states that "function should include social, physical, psychological, daily and work activities." Given the lack of documentation as required by guidelines, the request is not medically necessary.