MAXIMUS Federal Services

Case Number:	CM15-0129054		
Date Assigned:	07/15/2015	Date of Injury:	08/29/2000
Decision Date:	08/11/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 63 year old female sustained an industrial injury on 8/29/2000. She subsequently reported mid back and neck pain as well as headaches. Diagnoses include myalgia and myositis, pain in joint shoulder region and pain in thoracic spine. The injured worker continues to experience neck and right shoulder pain. Upon examination, the injured worker is able to transfer from sit to stand without assistance. She has functional range of motion of the upper extremities, neck and shoulders. Strength is 5/ 5 in the upper extremities. There is tenderness to palpation in right wrist and scapular region of myofascial fissure. She has tight bands of muscle on right to left. A request for Vicodin 5/300mg #30 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Vicodin 5/300 mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are unspecified myalgia and myositis pain in joint shoulder region; and pain in thoracic spine. The date of injury is August 29, 2000. Request for authorization is dated June 3 2015. There are two progress notes in the medical record the first progress note dated December 3, 2014 shows Vicodin 5/300 mg every 12 hours was prescribed. Subjectively, there was increased pain secondary to denial of pain medications. The most recent progress notes dated May 29, 2015 subjectively states the injured worker has neck pain and shoulder pain. There were no subjective complaints of back pain. Objectively, motor strength was normal 5/5 and there was tenderness to palpation of the right wrist. There is no cervical spine physical examination and there is no lumbar spine examination. There are no detailed pain assessments and medical record. There were no risk assessments in the medical record. There was no documentation demonstrating objective functional improvement. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Vicodin, detailed pain assessments and risk assessments and a thorough physical examination of the cervical spine and lumbar spine, Vicodin 5/300 mg #30 is not medically necessary.