MAXIMUS Federal Services

Case Number:	CM15-0042294		
Date Assigned:	03/12/2015	Date of Injury:	10/31/2011
Decision Date:	04/22/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/05/2015

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 55-year-old female, who sustained an industrial injury on 10/31/2011. On provider visit dated 01/13/2015 the injured worker has reported right shoulder pain, right wrist pain and left knee pain. On examination of right shoulder revealed tenderness and positive Obrien's, Speed's, Bergeson's and modified throwing Obrien's test. The knee was noted to have a decreased range of motion and pain with same. The right wrist was noted as having carpal tunnel tenderness. The diagnoses have included rotator cuff rupture, right joint pain-shoulder, left leg joint pain, carpal tunnel syndrome and right wrist carpal Tunnel Syndrome. Treatment to date has included physical therapy, MRI of lumbar spine, MRI of upper extremity joint without contrast right shoulder, nuclear scan of bone, x-ray of right shoulder, x-ray of right wrist and x-ray of left knee and right wrist carpal tunnel release on 10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with right shoulder, right wrist, and left knee pain. The patient is status post carpal tunnel release from 10/2013. The physician is requesting Vicodin 5/300 mg quantity 10. The RFA from 01/28/2015 shows a request for Vicodin 5/300 mg quantity 10. The patient's date of injury is from 10/31/2011 and she is currently temporarily totally disabled. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. The medical records show that the patient was prescribed Vicodin prior to 06/25/2014. None of the reports document before and after pain scales to show analgesia. There are no specific discussions about activities of daily living. There are no urine drug screens or CURES report to show aberrant drug seeking behaviors. No side effects were reported. Given the lack of sufficient documentation showing medication efficacy for continued opiate use, the patient should now be slowly weaned as outlined in the MTUS guidelines. The request is not medically necessary.

Tylenol #3 30/300mg #40: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78.

Decision rationale: The patient presents with right shoulder, right wrist, and left knee pain. The patient is status post carpal tunnel release from 10/2013. The physician is requesting Tylenol #3 30/300 mg quantity 40. The RFA from 01/28/2015 shows a request for Tylenol #3 30/300 mg #40. The patient's date of injury is from 10/31/2011 and she is currently temporarily totally disabled. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The records do not show a history of Tylenol #3 use. The report making the request was not made available. The 01/13/2015 report shows pain at the medial and lateral aspects and the superior and inferior pole of the patella. Range of motion is limited. There is locking/ catching, swelling and several patellar dislocations to the left knee. The patient has made 30% recovery from her carpal tunnel release from 2013. Currently, she has diffuse pain that radiates to her fingers and limited range of motion, numbness/tingling in her index, middle, and ring fingers. In this case, it appears that the physician would like to trial Tylenol #3 to study its effects and benefits of use. The request is medically necessary.