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| Case Number: | CM13-0011593 | | |
| Date Assigned: | 09/24/2013 | Date of Injury: | 07/17/2012 |
| Decision Date: | 01/15/2014 | UR Denial Date: | 08/05/2013 |
| Priority: | Standard | Application Received: | 08/15/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 07/17/2012. The primary diagnosis is 722.52 or lumbar disc degeneration. An initial physician review notes that this patient has been noted to complain of ongoing low back and lower extremity symptoms. This physician notes that the records report that the patient has returned to work and continues to benefit regarding pain and function from ongoing use of Vicodin and that this patient's medication was being tapered down from Vicodin 10/500 q.i.d. down to 5/500 q.i.d., which was a positive sign of functional improvement and could help with the patient's dizziness. The initial physician reviewer agreed with this general plan but recommended modifying of the request without refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg #150 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, Section on Opioids/Ongoing Management recommends, "ongoing review

and documentation of pain relief, functional status, appropriate medication use, and side effects." The plan to taper this employee's medication and to titrate dosage based on function is very much consistent with the guidelines. However, approving 3 refills would be counter to these guidelines since it would be difficult to monitor the 4 domains of opioid management and the employee's continued taper of this medication with the refills. Therefore, the guidelines do not support this request. The request for Vicodin 5/500mg #150 x 3 refills is not medically necessary and appropriate.