

Case Number:	CM13-0014515		
Date Assigned:	12/04/2013	Date of Injury:	06/05/2000
Decision Date:	01/29/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/21/2013

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 Anesthesiology, and is licensed to practice in Florida. 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 patient is a 59-year-old male who reported injury on 06/05/2000. The mechanism of injury was noted to be the patient attributed the injury to driving over 200 miles per day to and from his home as well as being required to work more physically arduous duties. The patient was noted to have radicular pain down the left leg. The patient was note to have epidural blocks with temporary relief. The patient was noted to ambulate with a limp on the left lower extremity using a cane in the right hand. The diagnoses were noted to be status post V.A. left shoulder with bicipital tendonitis and a herniated disc at L3-4 with left L5-S1 radiculitis. The request was made for Vicodin 7.5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 75, 78.

Decision rationale: California MTUS guidelines recommend short acting opioids such as Vicodin for controlling chronic pain. For ongoing management, there should be documentation

of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the "4 A's" and it failed to indicate the quantity of Vicodin being requested. It failed to provide exceptional factors to warrant nonadherence to guideline recommendations. Given the above the request for Vicodin 7.5 mg is not medically necessary.