

Case Number:	CM13-0025455		
Date Assigned:	06/20/2014	Date of Injury:	10/18/2000
Decision Date:	08/12/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/17/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/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 injured worker is a 65-year-old male who reported an injury on 10/18/2000. The mechanism of injury was not provided. On 05/23/2014, the injured worker presented with lower back pain. Upon examination, there was lumbar tenderness and increased deep tendon reflexes. The diagnosis was mechanical low back pain. The current medications included Ibuprofen and Vicodin. The provider recommended Vicodin 5/500 mg 4 times a day as needed. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin, 5/500 QID PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects

should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse, behavior and side effects. The injured worker has been prescribed Vicodin since at least 01/2014, the efficacy of the medication was not provided. As such, the request is not medically necessary and appropriate.