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| Case Number: | CM13-0030804 | | |
| Date Assigned: | 11/27/2013 | Date of Injury: | 01/22/2003 |
| Decision Date: | 01/27/2014 | UR Denial Date: | 09/14/2013 |
| Priority: | Standard | Application Received: | 10/01/2013 |

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 Internal Medicine, has a subspecialty certificate in Rheumatology, and is licensed to practice in Maryland. 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 47-year-old male with a date of injury of 1/22/03. The mechanism of injury is not stated in the available medical records. The patient has had chronic low back pain and has had several surgeries for this condition, the first in 1994 and the second in 2004. The patient continues to have significant back pain rated at a 7-8/10 in the available notes from the provider. He has been treated with chronic opiates since at least 2010. Urinalysis evaluation is positive for opiates in 03/2013 and negative for opiates in 01/2012, 09/2012 and 12/2012. Objective: spasm in the lumbosacral musculature bilaterally, decreased range of motion of the lumbar spine, antalgic gait. Diagnoses: chronic lower back pain, lumbar disc disease, lumbosacral neuritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Vicodin 5/500mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 47-year-old male has chronic back pain that has been treated with an opiate medication (Vicodin) since 2010. Treatment has also included two prior back surgeries.

The available medical records show non-compliance with the use of Vicodin on at least 3 separate urinalysis screens. Additionally, no treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. Per the MTUS guidelines cited above, Vicodin may be continued long-term only if there is evidence of functional improvement and a demonstrated decrease in pain. A demonstrated lack of compliance with medication use also indicates a reason for discontinuation. On the basis of this lack of documentation of functional improvement and the finding of repeated non-compliance of medication use, the continuation of Vicodin cannot be indicated as medically necessary and is therefore non-certified.