

Case Number:	CM13-0031538		
Date Assigned:	12/04/2013	Date of Injury:	05/21/2006
Decision Date:	01/30/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/04/2013

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 Occupational Medicine 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.

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 applicant is a represented 47-year-old who has filed a claim for chronic neck pain, chronic low back pain, and depression reportedly associated with an industrial injury of May 21, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; and extensive periods of time off of work. In a utilization review report of September 9, 2013, the claims administrator partially certified a request for Vicodin for weaning purposes, stating that the applicant has failed to improve with prior usage of psychotropic medications. A psychiatry note of November 18, 2013 is notable for the comments that the applicant is having persistent complaints of pain and depression. The applicant is ambulating with the aid of a cane and is given prescriptions for Cymbalta, Neurontin, and Desyrel. The applicant is again placed off of work. An earlier medical progress note of October 9, 2013, is notable for comments that the applicant reports persistent arm, leg, back, and abdominal pain. He is on Cymbalta. He has temporomandibular joint tenderness. He is given a diagnosis of chronic low back pain, diabetes mellitus, neuropathic pain, and myofascial pain. He is given a refill of Vicodin and again placed off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5mg every 6 hours, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain affected as a result of ongoing opioid usage. In this case, however, there is no evidence that the applicant meets any of the aforementioned criteria. The applicant has failed returned to work. There is likewise no evidence of improved function and/or reduced pain affected as a result of ongoing Vicodin usage. If anything, the applicant's pain complaints appear heightened from visit to visit. Criteria for continuation of opioid therapy have seemingly not been met. Therefore, the request is not certified