

Case Number:	CM13-0033065		
Date Assigned:	12/06/2013	Date of Injury:	01/05/2005
Decision Date:	03/18/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/08/2013

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, has a subspecialty in Pain 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 least at 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 57 year old male who sustained multiple injuries on 01/05/05. Medications. The patient takes occasional Vicodin for pain, Lodine for inflammation but stopped because it was bothering his stomach, and Omeprazole to offset the dyspepsia side effect from the medications given him. The patient states he continues to suffer from constant pain in his back with muscle spasms. The pain radiates down the back of his left hip and down the left leg. Patient uses a cane for ambulation and has pain in his left shoulder and inability to sleep on his shoulder or raise the arm at or above shoulder height. Lower back exam reveals limited range. He can forward flex 30 degrees grasping his thighs, extension to 10 degrees. Right and left SLRs are both 80 degrees causing some back pain. He reports altered sensory loss in the left lateral calf and in the bottom of the foot. He ambulates with a limp with the left lower extremity. Deep tendon reflexes remain +1 at the knee and ankles. Toes are down-going to plantar reflex bilaterally. Left shoulder exam reveals limited range. Patient can laterally abduct to 160 degrees, full forward flex 150 degrees, extend to 30 degrees, internally and externally rotate 30 degrees with a positive impingement sign. Relevant findings include lumbosacral sprain/strain, an MRI revealing lumbar DJD at L5-S1 with facet arthrosis with radicular symptoms to the left leg, and left hip pain. There is history of left shoulder sprain/strain with an MRI revealing shoulder tendinopathy. EMG of the left lower extremity was previously negative for radiculopathy. Per the patient, there is a history of reactive depression which is stable today. The physician provided refills for Vicodin 5/500 mg tabs 1-2 q 4-6 hours p.r.n. pain, 60 tablets and omeprazole 40 mg daily for dyspepsia side effect from medications prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91 & 88. Decision based on Non-MTUS Citation Responsible Opioid Prescribing: A Physicians Guide, Federation of State Medical Boards, 1st Edition, 2007, pages 31-44; 53-66 and Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition, 2005, Chapter 12: Minor and Short Acting Opioids, Pages 106-112.

Decision rationale: The current request is to refill the patients Vicodin he has been taking which has been denied by the carrier since he has been treated with opioids for an extended period of time without evidence of improvement. According to the CA MTUS, Opioids, long-term use assessment (6 months or more), the requesting provider re-assessed the patient and stated the information required. The strategy for maintenance states "do not attempt to lower the dose if it is working". Short acting opioids, such as vicodin, are indicated for acute or breakthrough pain, but should not be used for long term chronic pain management. The current dose of acetaminophen (500 mg) in the combination analgesic also could expose the patient to hepatotoxicity. Therefore the certification is denied