

Case Number:	CM13-0034183		
Date Assigned:	12/06/2013	Date of Injury:	07/30/2001
Decision Date:	01/16/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/11/2013

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 Interventional Spine 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. 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:

A 52 year old female with injury from 7/30/01, has diagnoses of lumbar decompression, lateral epicondylitis, adhesive capsulitis. Hand-written notes from 1/14/13 to 12/2/13 are reviewed. There are four reports. 1/14/13 report indicates that the patient's pain goes from 10/10 to 4/10 with meds, Vicodine is q4. The next report is from 6/4/13 shows no change, significant LUE pain, meds and pain from 10/10 to 6/10, able to do chores and without significant side effects. 8/8/13 report is not legible but has pain scales. 12/2/13 report has 10/10 to 4/10 with meds, make life tolerable. Utilization review letter from 9/16/13 authorized one prescription of Vicodin but did not authorize 4 additional refills as medication should be monitored closely

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Vicodin 5/500 mg between 8/8/2013 and 2/10/2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use, Page(s): 88-89.

Decision rationale: The Physician Reviewer's decision rationale: Recommendation is for authorization of Vicodin one prescription. The treater has provided documentation of functional and pain improvement with Vicodin at 6 tablets per day. Pain is reduced from 10/10 to 6/10. There are reports discussing some specifics of ADL's although the patient is not working. The patient suffers from chronic low back, elbow and shoulder pains. Close monitoring is important but MTUS states "there is no set visit frequency. This should be adjusted to the patient's need for evaluation of adverse effects pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months."