

Case Number:	CM13-0034833		
Date Assigned:	03/19/2014	Date of Injury:	05/07/2009
Decision Date:	06/10/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/15/2013

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, 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 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 patient is a 54-year-old male with date of injury of 05/07/2009. The listed diagnoses per [REDACTED] dated 08/07/2013 are: Low back pain, Retrolisthesis of L3 on L4, Retrolisthesis of T12 on L1, Retrolisthesis of L1 on L2, Umbilical hernia, Inguinal hernia. According to the medical report, the patient complains of continuous pain on the low back with pain radiating to the right calf and left buttock. The pain increases with prolonged standing, sitting, twisting, walking, lifting, bending, stooping, squatting, and lying down on the back. The pain is accompanied by numbness, weakness, tingling, and a burning sensation. He rates his pain an average of 8/10, and 1 being the lowest pain and 10 being the maximum pain. The physical exam shows decreased range of motion of the lumbar spine. Straight leg raise test is positive bilaterally. Motor strength testing is within normal limits. There is decreased sensation at L4 and L5 dermatome on the right. The Utilization Review denied the request on 09/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Page(s): 76-78.

Decision rationale: According to the California MTUS Guidelines, criteria for initiating opioids recommends that reasonable alternatives have been tried which includes considering the patient's likelihood of improvement, likelihood of abuse, etc. The California MTUS guidelines goes on to state that baseline pain and functional assessments should be made. Once the criteria has been met, a new course of opioids may be tried at that time. In this case, records show that the patient has been prescribed NSAIDs, but remains symptomatic. Therefore, the request for Vicodin is not medically necessary and appropriate.