

Case Number:	CM13-0040140		
Date Assigned:	12/20/2013	Date of Injury:	07/09/2009
Decision Date:	04/30/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/09/2013

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 Family Medicine and is licensed to practice in Arizona. 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 37 year old male with a date of injury on 07/09/09. Patient has been treated for ongoing symptoms related to his lower back and hip. Diagnosis is status post L3-4, L4-5 and L5-S1 Lumbar Fusion and status post removal of hardware at L5-S1. Subjective complaints are of chronic residual pain following these procedures and there is radiation of pain down his right leg. Physical exam shows tenderness over left iliac crest and Tensor Fasciae Latae, and decreased range of motion. There is also weakness in left ankle and foot, and decreased Achilles reflexes on the left. An MRI of the lumbar spine on 08/14/09 revealed multilevel degenerative disk disease of the lower lumbar spine. Previous treatments have included medications, physical therapy, and steroid injections. Medications included Vicodin and NSAIDs. Prior iliac crest steroid injection was documented as affording relief for only 2 to 3 weeks. His recent low back pain has been less severe, and it was felt that he was making progress, and Vicodin was decreased to use only every few days. Documents from 5/13 note that complaints of low back and hip pain has significantly decreased and patient has resumed daily activities with minimal discomfort. Patient was subsequently recommended to be discharged from physical therapy to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. Guidelines also indicate that opioids should be discontinued if there is overall improvement in function. For this patient, there is evidence of symptoms that are improving and minimal need for the prescribed Vicodin. There is also no documentation present of MTUS opioid compliance guidelines, including risk assessment, updated urine drug screen, and ongoing need or efficacy of medication. Therefore, the medical necessity for the continued use of Vicodin is not established.

Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) CHAPTER 7 PAGE 127 and Official Disability Guidelines (ODG), Pain

Decision rationale: ACOEM guidelines indicate that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. For this patient, submitted documentation acknowledges that the patient has received previous diagnostic and therapeutic interventions that have provided substantial functional improvement. The documentation does not provide evidence that shows persistent or worsening symptoms that would facilitate specialty consultation. Therefore, the medical necessity of a pain management consultation is not established.