MAXIMUS Federal Services

Case Number:	CM13-0049541		
Date Assigned:	12/27/2013	Date of Injury:	10/22/2010
Decision Date:	04/25/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/08/2013

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 Internal 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 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 40 year old male who was injured on 10/22/2010 due to a work related injury to the cervical spine (MVA rollover). Prior treatment history has included physical therapy and psych and behavior treatment. The progress report dated documented the patient to have complaints of low back pain with a pain level of 7/10 with medications. The patient tried Tramadol for six days for pain. The objective findings on exam showed that the patient wants to return back on Vicodin for pain. He is still on Lunesta 3 mg 1 hs for sleep and it works well. The patient's diagnoses include TMI, facial fracture and ORIF, regression and behavior problems and an Orbital fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/300 #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 76.

Decision rationale: It is known that the patient has tried and failed Norco and tramadol. Norco is a similar medication to Vicodin and there should be further discussion of the reasons why the

patient did not tolerate the medication. A discussion of prior conservative and first line therapy has not been sufficiently discussed. Initiating high dose opioid therapy intended for chronic use has specific guidelines which have not been followed. There should be documentation of pain contracts, goals of treatment, duration of expected therapy, etc. Given the lack of clear documentation without proper indication the request is not certified.