

Case Number:	CM13-0050446		
Date Assigned:	12/27/2013	Date of Injury:	11/14/2003
Decision Date:	02/28/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 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:

Patient is a 60 year old female with date of injury 11/14/2003 and 5/18/2004. Initial injury was head trauma due to an assault, and secondary injury due to a fall. Patient's complaints include ongoing speech and cognitive difficulties, pain in neck/shoulders, lower back, left foot, and knees. Patient has diagnosis of diabetes mellitus, post-traumatic weight gain, multilevel cervical spondylosis with disc protrusion, right shoulder impingement, thoracic scoliosis, lumbar disc protrusion, bilateral knee arthritis, status post arthroscopic knee surgery. Medications include Zestril, metformin, aspirin, Naprosyn, Vicodin ES, omeprazole, Victoza, and Lipitor. Patient's subjective complaints include low back, neck, shoulder/arm/hand/wrist pain, and knee and feet pain. Exam shows paraspinal cervical tenderness, shoulder tenderness with restricted range of motion with no motor or sensory deficits in the upper extremities. Also there is tenderness in the lumbar spine, and bilateral knees, negative straight leg raise, and no motor or sensory deficit. Patient had undergone multiple imaging studies and electrodiagnostic studies, left knee arthroscopy in November of 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES, #60: 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 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 for chronic back pain indicate that while opioid therapy can be efficacious it is limited to short term pain relief and long term efficacy (>16 weeks) is unclear, and failure to respond to limited course of medication suggests reassessment and consideration for alternative therapy. Furthermore, no documentation is present of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. For this patient, there is no demonstrated improvement in pain or function from long-term use. For these reasons, the requested Vicodin ES is not medically necessary.