

Case Number:	CM13-0050523		
Date Assigned:	12/27/2013	Date of Injury:	01/21/2001
Decision Date:	09/15/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/25/2013

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 59-year-old female who reported an injury on 01/21/2001. The mechanism of injury was not specifically stated. Current medications include chronic pain, thoracic or lumbosacral radiculopathy, myalgia and myositis, and failed back surgery syndrome. The injured worker was evaluated on 05/22/2014 with complaints of persistent lower back pain. The injured worker also reported radiation into the bilateral lower extremities. It is noted that the injured worker underwent a lumbar laminectomy. The current medication regimen includes Kepra, Methadone, Baclofen, Norco, Cymbalta, Gabapentin, Reglan, Amitriptyline, and a stool softener. Physical examination on that dated revealed an antalgic gait, normal muscle tone in the lower extremities, tenderness to palpation, painful range of motion, positive FABERE testing on the left, normal motor strength, and intact sensation. Treatment recommendations at that time included continuation of the current medication regimen. There was no DWC Form RFA submitted on the requesting date. A previous DWC Form RFA was submitted on 03/25/2014 for Norco 10/325 mg, Methadone 10 mg, Lyrica 50 mg, Kepra 500 mg, and Gabapentin 300 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5mg 750mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of this injured worker's current utilization of this medication. It is noted that the injured worker currently utilizes Norco 10/325 mg. There is also no frequency listed in the request. As such, the request for Vicodin ES 7.5mg 750mg #120 is not medically necessary.