

Case Number:	CM13-0052497		
Date Assigned:	12/27/2013	Date of Injury:	02/14/2011
Decision Date:	02/28/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/21/2013

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 Internal Medicine and is licensed to practice in New York. 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:

The patient is a 55 year old female with a h/o injury 2/14/11 to right shoulder, upper back and right ankle. The patient saw an [REDACTED] on 9/19/13. At that visit, the patient complained of lower and upper back pain, migraine and bilateral foot pain. The patient had no change in status, since last visit 7/29/13. A request for Vicodin was denied by [REDACTED] 10/15/13. An appeal was made 10/21/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5mg #40: 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 Page(s): 79-81.

Decision rationale: Per MTUS guidelines, opioid use for chronic back pain appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. It states that opioids may be continued if the pt. has returned to work or has improved functioning and pain. Annals(2007) reported that there is no evidence that opioids showed long term benefit or improvement in function when used as treatment for chronic back pain. The record does not indicate how long the patient has been on narcotics. It also does not

state why narcotics were used or if they have resulted in a functional improvement. Unless further information is provided, based on the above, the medicine remains non-certified.