

Case Number:	CM13-0055060		
Date Assigned:	12/30/2013	Date of Injury:	05/27/2011
Decision Date:	03/19/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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 47 year old male injured on 5/27/2011 when he and a co-worker fell through a scaffold that broke. There was no loss of consciousness as patient landed horizontally onto his back with the co-worker on top. Prior treatment included Vicodin 5mg po q6, Elavil 25mg po qhs and Ibuprofen 800 mg 2X day and refilled Ibuprofen and Elavil for chronic pain. Note dated 11/18/2013 showed current medications of aspirin by oral route; Glimepiride by oral route; Lisinopril by oral route; Vicodin by oral route and Metformin by oral route. Note dated 12/26/2013 Ibuprofen 800 mg #90, 3 refills and Amitriptyline 25 mg, #30, 3 refills. Clinic note showed patient still hurting a lot 08/17/2011 and Vicodin prescribed. 9/01/2011 revealed no improvement and patient is prescribed Motrin. Diagnostic studies included LX x-ray dated 05/27/2011 which revealed degenerative changes in the LS. MRI scan dated 09/01/2011 revealed L4-L5 annular fissure and L3-L4 disc bulge with an annular bulge at T11-T12. Note 05/08/2005 CT revealed 2 mm kidney stone left sided. 05/04/2011 revealed US of abdomen revealed enlargement of both liver and spleen with no gallstones. The patient complained of lower back pain, pain in the left buttocks and left leg, left knee and back of left knee pain. Objective findings: Left knee popliteal tenderness, ante flexion of the trunk on the pelvis allows for 55 degrees of flexion. Diagnoses: Diabetes mellitus type II. MRI scan dated 09/01/2011 revealed chronic low back pain with L4-L5 annular fissure and L3-L4 disc bulge with annular bulge at T11-T12. Chronic left leg radicular symptoms with chronic left knee pain, probably from his abnormal gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 106-112, Chronic Pain Treatment Guidelines Page(s): 76-82.

Decision rationale: As per CA MTUS guidelines, opioids use for chronic pain is not recommended for long-term use. According to CA MTUS suggest "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. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." The provider's note from 11/18/2013 did not indicate rationale supporting its use for chronic pain. This patient has been on this medication for prolonged periods of time, but there is no documentation regarding the improved pain or functional improvement with the use of this medication. Thus, the medical necessity for Vicodin 5mg #120 has not been established and the request is not certified. Additionally, guidelines recommend slow tapering/weaning process for individuals using opioids for long-term due to risk of withdrawal symptoms.