

Case Number:	CM13-0061839		
Date Assigned:	12/30/2013	Date of Injury:	12/15/2008
Decision Date:	03/24/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/05/2013

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 Psychiatry and Neurology 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 46-year-old male with a December 15, 2008 date of injury. At the time of request for authorization for Vicodin, there is documentation of subjective findings including low back pain with radiation to the right greater than left leg, numbness and tingling, and difficulty sleeping and depression due to pain. Palpation of the paralumbar muscles showed moderate muscle spasm or tightness greater on the right side, moderate tenderness of paralumbar muscles. The patient had decreased range of motion, positive straight leg raise (SLR) at the right at 70 degrees producing buttock, posterior thigh, and calf pain, a positive SLR at the left at 80 degrees producing buttock pain, altered sensation in the right foot at L5-S1 dermatome, and mildly antalgic gait. Current diagnoses include chronic right lumbar radiculopathy with chronic low back pain, secondary depression and insomnia. Treatment to date includes medications, activity modification, physical therapy, and lumbar support. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Vicodin. Within the medical information available for review, there is documentation of diagnoses of chronic right lumbar radiculopathy with chronic low back pain, secondary depression and insomnia. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Vicodin is not medically necessary.