

Case Number:	CM13-0063109		
Date Assigned:	12/30/2013	Date of Injury:	08/17/2004
Decision Date:	03/27/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/09/2013

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 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:

The patient is a 53year old woman with a past medical history of depression, diabetes and chronic pain. She was injured at work on 8/17/2004 when she fell to the ground landing on her hands and knees. She had resulting chronic low back pain and left ankle pain. She has had surgeries on her right shoulder and elbow and bilateral wrist surgery for carpal tunnel release. The patient is being treated for chronic pain with insomnia with vicodin ES, ambien, valium, soma, ibuprofen and flector patches. The primary treating physician on 2/14/13, 3/28/13, 5/23/13, 9/12/13 and 10/10/13 saw her. On 10/10/13 she complains of low back pain of moderate intensity with radiation to the legs and buttocks. She notes that the medications help "some". There is no documentation regarding ADLs. Exam shows decreased range of motion of the spine with tenderness to palpation. The diagnosis is lumbar sprain, discogenic back pain, L-S1 radiculopathy and depression. The patient had urine drug screens on 6/13/13, 7/18/13, 9/12/13 that were negative for any detectable drugs. The treating physician requested vicodin ES #120 with 4 refills prospectively for time period of 10/10/13-4/19/14. Utilization review done on 12/2/13 denied the use of medication stating the medication was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES #120 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-79.

Decision rationale: The patient has been treated for chronic back pain with vicodin, soma, ibuprofen and flector patches. Vicodin is a short-acting opiod analgesic medication that contains hydrocodone and acetaminophen. On multiple occasions urine drug screens showed inconsistent results in that there were no drugs detected. She states on multiple exams that she gets "some relief" with her current medical regimen. The MTUS section on chronic pain addresses the ongoing use of opiod pain medications and when to discontinue use. It is suggested that opiod analgesic medications should be discontinued if there is no overall improvement in function or if serious non-adherence is suspected. There is not sufficient documentation that the patient has had overall improvement in function while being treated with Vicodin ES. It is also noted that she has had multiple urine drug screens that do not detect any hydrocodone which indicates that she is not taking the medication. The continued use of vicodin ES is not medically necessary as it hasn't improved her overall function and it appears she is not taking the medications as prescribed.