

Case Number:	CM13-0063422		
Date Assigned:	12/30/2013	Date of Injury:	09/23/2004
Decision Date:	08/07/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/10/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine 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 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:

This is a 66 year old female injured worker with date of injury 9/23/04 with related low back pain and right shoulder pain. Per progress report dated 11/11/13, limited lumbar active range of motion with pain throughout motion was noted. Straight Leg Raise test was positive on the right side. Drop-arm test was positive for the right shoulder. The MRI of the lumbar spine dated 10/7/13 revealed multilevel discogenic disease of the lumbar spine, most prominent at L4-L5; grade 1 anterolisthesis with borderline central stenosis and moderate left greater than right neural, foraminal narrowing at L4-L5; posterior annular fissure without central stenosis, mild internal recess narrowing and mild bilateral neural foraminal narrowing at L5-S1; hemangiomas within the T12, L2, and L3 vertebral bodies. The documentation submitted for review does not state whether physical therapy was utilized. Treatment to date has included medication management. The date of Utilization Review decision was 12/4/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF VICODIN ES 7.5/750MG, #120: 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 Opioids Page(s): 78, 91.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 As (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. A review of the available medical records reveal neither documentation to support the medical necessity of Vicodin ES nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The California MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As the California MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.