

Case Number:	CM13-0065933		
Date Assigned:	01/03/2014	Date of Injury:	01/03/2001
Decision Date:	05/20/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

The case involves a 60 year-old male and his 1/03/01 industrial injury claim. He has been diagnosed with lumbar herniated nucleus pulposus, cauda equina syndrome, spinal stenosis, and lumbar degenerative disc disease. According to the 11/2/13 orthopedic report from [REDACTED], the patient presents with moderate increasing pain in the back to the hips and legs, and decreased ability to ambulate with the cold weather.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 VICODIN 5/500MG WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System. Managing chronic non-terminal pain in adults including prescribing controlled substances. Ann Arbor (MI): University of Michigan Health System; 2011 Jan. 36 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9,88-89.

Decision rationale: The patient presents with chronic back pain, reported to be worsening due to the cold weather on 11/21/13. The physician has renewed the prescription for Vicodin. There is

no discussion of efficacy of the Vicodin on the medical reports including the 1/30/13, 3/13/13, 4/24/13, 6/5/13, 7/17/13, 8/28/13, 10/10/13 or the 11/21/13 report. The MTUS states that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and that the assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS also states that, when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Vicodin. The MTUS does not recommend continuing treatment if there is not a satisfactory response. As such, the request is not medically necessary.