

Case Number:	CM13-0070005		
Date Assigned:	02/14/2014	Date of Injury:	02/11/2011
Decision Date:	05/27/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/24/2013

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 Family Practice, 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:

This is a 40 year old male claimant who sustained a work injury on 7/26/10 resulting in chronic neck, and back pain. He had a diagnosis of degenerative disc disease of the cervical spine and Spondylolisthesis of L5-S1. A progress note on 10/9/13 indicated the claimant had 6/10 pain. Objective findings included limited range of motion of then cervical and lumbar regions. He was working full time and doing home therapy. A request was made for Vicodin 5/500 and Anaprox for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION CRITERIA FOR USE OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION OPIOIDS Page(s): 72-92.

Decision rationale: According to the MTUS guidelines, Vicodin (hydrocodone/ibuprofen) is recommended for short-term use only (generally less than 10 days). Its analgesic dose is 1 tablet every 4-6 hours as needed for pain, with a maximum of 5 tablets per day. For chronic back pain, Vicodin appears to be efficacious but limited for short-term pain relief and long-term efficacy is

unclear (greater than 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. There is no evidence to recommend one opioid over another. In this case, the documentation does not specify other modalities that have been tried and failed prior to initiating Vicodin. The employee's injury was several years prior and prior trials of pain medications are not available. In addition, opioids are not first-line therapy for back pain and the use of Vicodin based on the information provided is not medically necessary.

ANAPROX 550MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: Anaprox is a nonsteroidal anti-inflammatory drug (NSAID). According to the MTUS guidelines, for back pain, acute exacerbations of chronic pain, it is recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For patients with acute low back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. In this case, there is no documentation of prior acetaminophen failure. Prior analgesic medication response was not provided. The use of Anaprox is not medically necessary.