

Case Number:	CM13-0071079		
Date Assigned:	01/08/2014	Date of Injury:	10/02/1995
Decision Date:	10/07/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/26/2013

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 53-year-old gentleman was reportedly injured on October 2, 1995. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 21, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity. Current medications include Vicodin ES Voltaren gel, Celebrex, Zanaflex, and Wellbutrin. The physical examination demonstrated tenderness of the lumbar spine paraspinal muscles and decreased lumbar spine range of motion. There was a normal lower extremity neurological examination except for a left-sided straight leg raise test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar spine x 5 to include an L4-S1 fusion and the use of a spinal cord stimulator. A request had been made for Vicodin ES and Ultram ER and was not certified in the pre-authorization process on November 26, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5/750mg, #90: 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 Page(s): 74-78, 88, 91.

Decision rationale: Vicodin is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The attached medical record indicates that the injured employee is unable to carry out activities of daily living without the usage of Vicodin ES however there is no objective clinical documentation of improvement in their pain with this medication. As such, this request for Vicodin ES is not medically necessary.

Ultram ER 200mg, #60: 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 Page(s): 74-78, 88, 91.

Decision rationale: Ultram ER is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The attached medical record indicates that the injured employee is unable to carry out activities of daily living without the usage of Vicodin ES however there is no objective clinical documentation of improvement in their pain with this medication. As such, this request for Ultram ER is not medically necessary.