

Case Number:	CM14-0001427		
Date Assigned:	01/22/2014	Date of Injury:	04/23/2004
Decision Date:	06/19/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/03/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 55 year old female with an injury reported on 4/23/04. The mechanism of injury was not provided within the clinical notes. The clinical note dated 11/6/13 reported that the injured worker complained of low back and upper extremity pain. The physical examination reported mild muscle paralumbar spasms. The injured worker's range of motion to lumbar spine demonstrated flexion 70% of normal, and extension 60% of normal. The injured worker's diagnoses included cervical strain, bilateral shoulder impingement, thoracic strain, lumbar strain with left lumbar radiculitis, and paresthesia of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR ONE PRESCRIPTION OF VICODIN ES 7.5/750 MG:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin); Opioids, Criteria for Use, On-going Management, Page(s): 51, 78.

Decision rationale: The injured worker complained of low back and upper extremity pain. It was noted the injured worker's range of motion to lumbar spine was flexion 70% of normal, and extension 60% of normal. The California MTUS guidelines recognize vicodin as a semi-synthetic opioid. The guidelines also recognize that four domains that 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. There is a lack of information provided documenting the efficacy of vicodin ES on the injured worker's pain. It was unclear what medications the injured worker has been prescribed. In addition, it was unclear if the injured worker gained any additional function from the use of the pain medication or shown any aberrant behavior. As such, the request is not medically necessary.