

Case Number:	CM14-0001550		
Date Assigned:	01/22/2014	Date of Injury:	08/17/2012
Decision Date:	06/19/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/06/2014

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 male who reported an injury on 08/17/2012. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 11/19/2013 reported the injured worker was following up after an open reduction internal fixation (ORIF) of the right distal tibial fracture with persistent pain and retained hardware that may likely require removal. The injured worker also reported low back pain. On the physical examination the provider noted the injured worker to have tenderness in the lumbar paraspinal and iliolumbar area. The provider also noted mild low back discomfort is elicited with straight leg raise. The provider requested for Vicodin 5/500 mg and for Parafon Forte 500 mg. The request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-Going Management Page(s): 78-79.

Decision rationale: The request for Vicodin 5/500 mg is not medically necessary. The injured worker complained of pain to his low back. The injured worker presented to the provider with a right distal tibial fracture with persistent pain and retained hardware that may likely require removal. For ongoing use of opioid medications, the California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also note a pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, and how long it takes for pain relief, and how long pain relief lasts. The guidelines also recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the injured worker's functional improvement. The provider did not provide an adequate pain assessment. There is a lack of clinical documentation indicating the provider's use of a urine drug screen. Additionally, the provider did not provide the quantity of medication to be dispensed to the injured worker. Therefore, the request for Vicodin 5/500 mg is not medically necessary.

PARAFON FORTE 500MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66.

Decision rationale: The request for Parafon Forte 500 mg is not medically necessary. The injured worker complained of low back pain. The injured worker presented with a right distal tibial fracture with persistent pain and retained hardware that may likely require removal. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines also note muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The guidelines note that Parafon Forte is not recommended to be used longer than 2 to 3 weeks. There is a lack of documentation indicating the injured worker had tried and failed on first-line therapeutic options. Additionally, the injured worker had been utilizing the medication for an extended period of time which exceeds the guideline recommendations of 2 to 3 weeks. The provider did not provide the quantity to be dispensed to the patient. Therefore, the request for Parafon Forte 500 mg is not medically necessary.